



Lifelong Learning & Special Programs

**REGISTRATION FORM
J-TERM 2009**

S-125 Williams Center
Phone: 716-673-3177 Fax: 716-673-3652

J-TERM REGISTRATION FORM

DIRECTORY INFORMATION

Name _____
last first m.i. former

SSN or Fredonia ID # _____

Sex M F U.S. Citizen Yes No (if No) _____
country of citizenship

N.Y. Resident Yes No County (N.Y.) _____
name

Birthdate ____/____/____

Local Address _____
street

Permanent Address _____
street

_____ city state zip

_____ city state zip

Daytime Phone No. _____

E-mail Address _____

Have you been convicted of a felony? Yes No

Have you been dismissed and/or suspended from a college for disciplinary reasons? Yes No

How did you hear about J-Term at SUNY Fredonia? _____

REGISTRATION OR ADMISSION STATUS INFORMATION

UNDERGRADUATE STUDENTS

1. Currently Attending Fredonia
 Major _____
 Graduation Date _____
2. Attended Fredonia Previously:
 Continuing Education Student
 Undergraduate Matriculated Student
3. New Accepted Fredonia Undergraduate
 Freshman or Transfer
 _____ (Major)
4. Visiting Student (First-Time Attending Fredonia)
 Yes No
 Enrollment Verification For All Visiting Student (To Be Signed By Your College Registrar Or Advisor)
 ** The Above Named Student Is/Was Enrolled at

name of college/university
 During The _____ Semester And He/She has completed _____ Hours of Undergraduate Work.

signature title

GRADUATE STUDENTS

1. Attended Fredonia As Undergraduate:
 Date Completed Degree _____
2. Attended Fredonia As Graduate:
 Degree Non-Degree
 (if degree student at Fredonia):
 Date Completed Master Degree _____
3. Received Bachelor of _____
name degree (ex.: BA English)

name university year awarded
4. Received Master of _____
name degree (ex.: MA English)

name university year awarded
5. Temporary J-Term Only, No Degree Intended From Fredonia
6. Application On File For Degree Study At Fredonia

FOR OFFICE USE ONLY
 DATE ON _____
 APPLIED OR ADMITTED FOR FALL ____yes ____no
 SEMESTER _____
 UNDERGRADUATE _____
 GRADUATE _____

COURSE REQUEST AND FEE PAYMENT INFORMATION

Course Ref. No.	Dept. Abbr.	Course No.	Sec. No.	Credit Hours	X	Tuition/Fees per credit hr.	=	Course Fee
Subtotal								

-OFFICE USE ONLY-

Name on credit card _____ # on credit card _____ (MC or Visa only)

Expiration date of credit card _____ 3 digit security code (on back of card) _____ Signature _____

Admission to a campus of The State University of New York is based on the qualifications of the applicant without regard to age, sex, marital or military status, race, color, creed, religion, national origin, disability, or sexual orientation.

The authority to collect personal information is based on Section 355 (2) (h) of the New York Education Law.