

NAME _____ STREET ADDRESS _____ CITY STATE ZIP _____ HOME PHONE _____ DATE OF BIRTH _____ SOCIAL SECURITY # _____ <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE OPTIONAL INFORMATION : <input type="checkbox"/> AFRICAN AMERICAN/BLACK <input type="checkbox"/> MARRIED <input type="checkbox"/> LATINO/HISPANIC <input type="checkbox"/> SINGLE <input type="checkbox"/> WHITE/CAUCASIAN <input type="checkbox"/> NATIVE AMERICAN/ALASKAN NATIVE <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> OTHER _____	SEMESTER _____ YEAR _____ <input type="checkbox"/> CHECK IF THIS IS A CHANGE OF ADDRESS <input type="checkbox"/> NAME CHANGE FROM LAST REGISTRATION _____ ARE YOU REGISTERING AT LEMOYNE FOR THE FIRST TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO LAST ATTENDED SEMESTER _____ YEAR _____	OTHER COLLEGE OR UNIVERSITY ATTENDED? <input type="checkbox"/> NO <input type="checkbox"/> YES NAME OF INSTITUTION - DEGREE RECEIVED. _____ _____ GRADUATE PROGRAM <input type="checkbox"/> MST <input type="checkbox"/> MS EDI <input type="checkbox"/> MS EDH STATUS <input type="checkbox"/> MATRICULATED <input type="checkbox"/> CONDITIONALLY MATRICULATED <input type="checkbox"/> NON- MATRICULATED
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COURSE	COURSE #	SECTION #	# CREDIT HOURS	DAY/TIME	*INSTRUCTOR	ROOM NUMBER	TUITION
EDG	500	50	3	M 5:30	Shaw	GH113	← SAMPLE \$1,816.00

Do you have a disability that would require special accommodations?  
 No     Yes Please describe: \_\_\_\_\_

\*Faculty Signature \_\_\_\_\_  
 (Required for EDG 690)

  X    
 STUDENT SIGNATURE                                      DATE

FOR OFFICE USE	
Late Fee →	
Tuition →	
Parking Fee →	
Technology Fee →	
Total →	
Paid with Registration →	
<b>BALANCE DUE →</b>	
<b>DATE DUE →</b>	

METHOD OF PAYMENT
<input type="checkbox"/> CHECK (Payable to Le Moyne College) Check # _____ Bank _____ Amount \$ _____
<input type="checkbox"/> FINANCIAL AID <input type="checkbox"/> STAFFORD LOAN
FOR OFFICE USE
Registered Date _____ By _____ (Revised 11/09)