MBA Program

Le Moyne College, 1419 Salt Springs Rd., Syracuse, New York, 13214-1301
phone (315)445-4786 fax (315)445-4787

Semester **Year**

Registration Form (Student Tuition Payment Program)

Are you Matriculated? ☐ **YES** ☐ **NO**

☐ check if (student) address or (employer) address is different from last registration
☐ check if registering at Le Moyne for the 1st time ever

Social Security #_____-_____-_____
Taxpayer ID # _____

Name Mr./Mrs./Ms._____ Home Phone # (_____)_____

Address _____
Street City State Zip Code County

Employer_____
Name of Company Street City State Zip Code

Work Phone # (____)_____ Work Fax # (____)_____ Are you a Le Moyne alumna/us? _____

Date of Birth ___ /___ /___ Is your IMMUNIZATION RECORD on file at Le Moyne? _____

Course #	Course Title	Day	Instructor	Room #	Tuition
1.					
2.					
3.					
4.					

Optional Information

☐ **African American** ☐ **Hispanic**
☐ **Caucasian** ☐ **American Indian**
☐ **Asian American** ☐ **Other**

☐ **Female** ☐ **Married**
☐ **Male** ☐ **Single**

Special Accommodations needed?

OFFICE USE ONLY

Date registered _____

By _____

_____
Student Signature Date