

1419 Salt Springs Rd. Syracuse, NY 13214 (315) 445.4141 www.lemoyne.edu

Spirit. Inquiry. Leadership. <i>Jesuit</i> .  Today's Date					* For Office Use *				Student No.						
					Registered	(d	ate) By			Semester:					
$\square$ CHECK IF STUDENT ADDRESS IS DIFFERENT FROM LAST REGISTRATION.															
Legal name of student (last, first, initial)  Permanent address								Have you previously registered at Le Moyne?							
Tormanom address											Moyne		latriculated	_	
City	County State				Zip			☐ Trans	ing Stude	ent			lumni (or a	lumnae)	
Phone										te from _					
Current E-mail address									Have you previously attended any other college or university?  Yes No Name of institution-degree received, if any:						
Employer															
Address							Citizenship Code				Country (if not U.S. citizen)				
City	County State				Zip			□ Non-Citizen Resident (Perm. Resident) □ Non-Resident Alien							
Business phone										thnic Ba		mericar	n/Alaskan Na	tive	
Date of Birth			Socia	al Secur	ity No.			☐ White/			Other _				
				CPA C	egree and seeki Pertification Bac. Pre-Health	☐ Audit☐ Alumni☐ Senior (	_		Financial Aid Stafford Loan Remarks: APTS PELL						
Courses															
DEPARTMENT	COURSE NO.	SECTION NO.	# HRS CRED.	# HRS AD.	DAY/TIME		INSTRUCTOR	CLASSROOM	И	C	OMMENTS		TL	IITION	
MKT	301	<sup>50</sup> SAI	√³P L	E	TH/5:30	SH	AW	GH207							
						+									
Do you have a dis									* For	Office U	se * 1	Tuition	<b>→</b>		
X	□ No □ Yes, please describe											ce Lab			
Student Signature Date											Parki Technolo	ing fee			
Method of	Panma	nt										ige fee			
Method of Payment  Check (payable to Le Moyne College)										5	. data	Total			
☐ Employer tuition deferred  No. Bank										Paid	with regis Baland	ce due			
												e date			