

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

Due date ➡

Spirit. Inquiry. Leadership. <i>Jesuit</i> .				Student No.	
Today's Date	Registered	(date) By		Semester:	
☐ CHECK IF STUDENT ADDRESS IS DIFFERENT FROM LAST REGISTRATION.				Year:	
Legal name of student (last, first, initial)				previously registered at Le Moyne?	
Permanent address			Name (if	different) at time	
				natriculated at Le Moyne 🔲 Matriculated at Le Moy	
City County State	Zip)	☐ Visitin	fer student	
Phone				INSTITUTION	
Current E-mail address			Have you Yes	previously attended any other college or university?	
Outrolle 2 mail address				nstitution-degree received, if any:	
Employer			Citizana	hin Code Country (if not 11 Coitizon)	
Address			U.S. Citi	hip Code country (if not U.S. citizen) zen zen Resident	
City County State	Zip)	(Perm. R	sident Alien	
Business phone			(Tempora	Ethnic Background (optional)	
			☐ African .☐ Latino/⊢☐ White/C	American/Black	
Date of Birth Social S	ecurity No.		→ Willie/C	aucasian Ginei	
Certificates Already have a degree and seeking: □ HRM □ Pastoral Ministry □ CPA Certification □ Alumni □ IT □ RN to MS Nursing □ Post-Bac. Pre-Health □ Senior G			☐ Male ☐ Female Citizen	☐ APTS	
□ MGT				PELL	
	HRS DAY/TIME	INSTRUCTOR	CLASSROOM	COMMENTS TUITION	
NU. NU. CRED.	AU.			COMMENTO	
MKT 301 50 S A N3P L E	TH/5:30	SHAW	GH207		
Do you have a disability that would require special acc ☐ No ☐ Yes, please describe	commodations?		<u> </u>	* For Office Use * Tuition ▶	
V				Science Lab ➡	
Student Signature Date				Parking fee	
				Technology fee Techn	
Method of Payment				Breakage fee ► Total ►	
☐ Check (payable to Le Moyne College) ☐ Employer tuition deferred No. Bank				Paid with registration Balance due →	