SSHS 1020 REGISTRATION FORM 2006

Safe Schools, Healthy Students

Oswego State Division of Continuing Education

• Social Security Number:_____

• Name:_____
Last First

Previous Name(s)_____

• Address:_____
Street City State Zip

• Phone:_____County:_____

• Date of Birth:_____

• Email address:_____

• Gender: Male___ Female___

• Have you ever been convicted of a felony? Yes___ No___

• Have you ever been dismissed or suspended from Oswego State or any other college for disciplinary reasons? Yes___ No ___

• Are you a graduate ___or undergraduate ___ student?

• Are you now or ever have been a degree student at Oswego State? Yes___ No___

• If no, what is your home institution:_____

• Are you admitted to Oswego State for the upcoming semester as a new transfer? Yes___No___

• Are you a veteran? Yes___ No___

• Are you applying for Veteran's Benefits for this course? Yes___ No___

• Please enroll me in:

___ Summer 1	**May 30 - July 7, 2006**
___ Summer 2	**July 10 - Aug. 18, 2006**
___ Fall 1	**Sept. 5 - Oct. 20, 2006**
___ Fall 2	**Oct. 16 - Dec. 1, 2006**

Materials Packet Picked up _____ (Initial) or date mailed _____

You will receive a separate bill from Student Accounts for your SSHS 1020 registration.

If you have excess financial aid, you may be able to apply it to your bill. You must contact Student Accounts (312.2225) at the beginning of the semester, to request this option.