

The Energy Institute Program Registration Form



1. SUNY Oswego ID number or Social Security Number: + _____

Name: _____ Previous Name(s): _____

Address: _____
Last First Street City State Zip

Phone: _____ County: _____ Date of Birth: _____

Email address: _____

Gender: Male ___ Female ___ Ethnicity: Hispanic Non-Resident Alien Caucasian
 American Indian/Native Alaskan African American Other _____

Have you ever been convicted of a felony? Yes ___ No ___

Have you been dismissed or suspended from SUNY Oswego or any other college for disciplinary reasons? Yes ___ No ___

Have you been awarded a Baccalaureate degree? Yes ___ If yes, please proceed to section #3.
No ___ If no, please proceed to section #2.

2. UNDERGRADUATE STUDENTS ONLY

Are you now or have you ever been a degree undergraduate at Oswego State? Yes ___ No ___

Are you admitted to Oswego State for the upcoming Semester as a new freshman/transfer? Yes ___ No ___

Are you currently enrolled in High School? Yes ___ No ___

If yes, please bring/send a copy of the Oswego State Admission's Office permission form.

[Proceed to Section #4](#)

3. GRADUATE STUDENTS

Is this your first semester of graduate study at Oswego? Yes ___ No ___

If no, what was your last semester and year of attendance at Oswego? _____

If you are not in a degree program, please indicate your purpose in taking graduate courses: (check one)

___ 801 General Non Degree Study ___ 802 Seeking provisional Teaching Certification

___ 803 Taking courses to be applied to graduate degree study at Oswego

[Proceed to Section #4](#)

4. ARE YOU A VETERAN? Yes ___ No ___

Are you applying for Veteran's Benefits for this course? Yes ___ No ___

Veteran application should be made to: The Office of Veteran Services, 206 Culkin Hall, 315-312-2231.

[Proceed to Section #5](#)

5. MENINGITIS INFORMATION - MUST SELECT ONE ANSWER BELOW

___ I have had the meningococcal meningitis immunization (Menomune) within the past 10 years.

Date received _____

___ I have read the information about meningococcal meningitis and decided I will not obtain immunization.

___ I may decide to receive the vaccine at a later date.

[Proceed to Section #6](#)

6. Code of Student Rights, Responsibilities, and Conduct Information and Financial Liability - MUST BE COMPLETED.

As a student at SUNY Oswego, I HAVE READ* AND do affirm my commitment to:

- A. abide by the Code of Student Rights, Responsibilities, and Conduct*, specifically, Sections 43 - 45, as a member of the SUNY Oswego academic community and
- B. the Financial Liability and Title IV Aid acknowledgement**

I accept the above conditions. (Please check the box to the left).

Date: _____

* The Code of Student Rights, Responsibilities, and Conduct is found at: www.oswego.edu/student/handbook/downloads/conduct.pdf

**Financial Liability and Title IV Aid acknowledgement is found at www.oswego.edu/administration/student_accounts/Acknowledgeme

Please check the box for the section for which you wish to register.

- PHY 500 Graduate NYS Resident
- PHY 500 Graduate Non Resident
- TED 500 Graduate NYS Resident
- TED 500 (Graduate Non Resident)
- TED 400 (Undergraduate NYS Resident)
- TED 400 (Undergraduate Non Resident)

Program fees for each of the above options are listed on the Energy Institute Webpage.

+ Disclosure of Social Security numbers is voluntary and is used to identify the student's educational records. Authority to solicit the Social Security number has been established under Sec. 355 of the Education Law of the State of New York.