

REGISTRATION FORM

Note: If you are sending in this registration form within one week of the starting day of a class, please confirm your registration by checking your myOswego account or calling 315-312-2136.

1. Social Security Number: + _____ Name: _____
Last First
 Previous Name(s): _____

Address: _____
Street City State Zip

Phone: _____ County: _____ Date of Birth: _____

Email address: _____

Gender: Male _____ Female _____ Ethnicity: American Indian/Native Alaskan Asian/Pacific Islander Black
 Hispanic White Non-Resident Alien Other _____

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

Have you been dismissed or suspended from OSU 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 Initial 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**

Student Signature: _____ 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/acknowledgement

CRN					DEPT	COURSE	SECTION	HOURS	APPROVAL

FAX YOUR REGISTRATION FORM TO 315-312-3167

+ 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.
 The Registrar's Office will notify you at the above address of any registration problems.