

## CORNELL UNIVERSITY REGISTRATION FORM

To register, complete the form below and fax (585-262-3715) or mail to Alice Torres, Cornell University, 249 Highland Avenue, Rochester, NY 14620.

Registering for which Course(s) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Union \_\_\_\_\_ Employer \_\_\_\_\_

Phone (days) \_\_\_\_\_ Phone (evenings) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail address \_\_\_\_\_ Union Position (if any) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Social Security No. \_\_\_\_\_ High School: Year graduated \_\_\_\_\_

Your response to the following racial/ethnic question is voluntary, but federal civil rights legislation and implementing regulations require this institution to submit counts of the student body by the following racial categories. Your cooperation, therefore, while voluntary is essential to the accurate reporting of this information.

American Indian       White, Non-Hispanic    Asian or Pacific Islander    Black, Non-Hispanic    Hispanic

College:       Some       Assoc.    BA       MS       MA       MS       JD       PhD

PAYMENT BY:  AMEX       MasterCard    VISA       Discover       Check       Money Order  
Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

(Internal use only) Authorization No: \_\_\_\_\_

Bill the following Organization:

Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I understand I am responsible for payment of tuition and purchasing required books. If I withdraw from the course, only a portion of tuition is refundable.

Signature \_\_\_\_\_