



**Non Matriculated Student  
Registration Form**

Fall  Spring  Year \_\_\_\_\_

Name (Last, First) \_\_\_\_\_ Today's Date \_\_\_\_\_

Birthdate (mm/dd/yyyy) \_\_\_\_\_ Female  Male

**Citizenship Information**

(Required for government reporting)

1.) If you are not a US citizen:

a.) Country of Citizenship-

\_\_\_\_\_

b.) Type of Visa \_\_\_\_\_

c.) Permanent US Resident

\_\_\_\_\_

2.) Optional- If you are a US Citizen:

a.) What is your ethnic background?

\_\_\_\_\_ Asian, Indian, Pacific Islander

\_\_\_\_\_ American Indian/ Native American

\_\_\_\_\_ African American

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Caucasian

\_\_\_\_\_ Other

b.) State of Legal Residence when admitted to  
the Eastman School: \_\_\_\_\_

If NY State, which county \_\_\_\_\_

**Address Information**

1.) In-Term:

Street \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Country \_\_\_\_\_

Email Address \_\_\_\_\_

2.) Out of Term:

Street \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Country \_\_\_\_\_

3.) Parent/Guardian:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State/Prov \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Country \_\_\_\_\_

Parent's Email \_\_\_\_\_

**Educational History**

Previously Applied to the Eastman

First time at UR but have attended other college or university

First time at any college or university

Expect to receive Veteran's benefits this semester

Have a bachelor's degree

**Course Requests**

CRN	Subject	Course #	Audit?	Credit Hours	Course Title	Instructor Signature

Signature of Dr. Abra Bush, Assistant Dean of Academic Affairs (if necessary) \_\_\_\_\_