



*Non Matriculated
Student Registration Form*

TODAY'S DATE: _____ / _____ / 20_____

SEMESTER: FALL SPRING **YEAR:** 20 _____

LAST NAME: _____ **FIRST NAME:** _____

BIRTHDATE (MM / DD / YYYY): _____ / _____ / _____ FEMALE MALE

EDUCATIONAL HISTORY

- Previously Applied to Eastman First Time At Any College or University Have a Bachelor's Degree
 First Time at UR But Have Attended Other College or University Expect to Receive Veteran's Benefit This Semester

CITIZENSHIP INFORMATION

(Required for government reporting)

If you are **NOT** a US Citizen:

Country of Citizenship: _____

Type of Visa: _____

Permanent US Resident: _____

OPTIONAL: IF you are a US Citizen:

What is your ethnic background:

- Asian, Indian, Pacific Islander
 American Indian / Native American
 African American
 Hispanic
 Caucasian
 Other

State of Legal Residence when admitted to Eastman SOM: _____

If NY, which county: _____

ADDRESS INFORMATION

IN TERM

Address: _____

City: _____ State/Prov: _____ Zip: _____

Phone: () _____ Country: _____

E-Mail Address: _____

OUT OF TERM

Address: _____

City: _____ State/Prov: _____ Zip: _____

Phone: () _____ Country: _____

PARENT / GUARDIAN

Parent(s) Name: _____

Address: _____

City: _____ State/Prov: _____ Zip: _____

Phone: () _____ Country: _____

Parent(s) E-Mail: _____

COURSE REQUESTS

CRN	SUBJECT	COURSE	COURSE TITLE	AUDIT?	CREDIT HRS	INSTRUCTOR SIGNATURE

SIGNATURE

Associate Dean of Academic Affairs: _____ Date: _____