LE MOYNE

SPIRIT. INQUIRY. LEADERSHIP. *JESUIT.*

Registration Form

1419 Salt Springs Road, Syracuse, NY 13214
(315) 445.4141 www.lemoyne.edu

* For Office Use *
Registered _____ (date) By _____

Student No. _____

Semester: _____

Year: _____

Today's Date _____

❑ CHECK IF STUDENT ADDRESS IS DIFFERENT FROM LAST REGISTRATION.

Legal name of student (last, first, initial)

Permanent address

City County State ZIP

Phone

Current email address

Employer

Address

City County State ZIP

Business phone

Date of Birth Social Security No.

Have you previously registered at Le Moyne? ❑ Yes ❑ No

If yes, last attended term _____ year _____

Name (if different) at time _____

❑ Non-matriculated at Le Moyne ❑ Matriculated at Le Moyne

❑ Transfer student ❑ Alumni (or alumnae)

❑ Visiting Student

Undergraduate from _____
INSTITUTION

Have you previously attended any other college or university?

❑ Yes ❑ No

Name of institution-degree received, if any:

_____

Citizenship Code

❑ U.S. Citizen
❑ Non-Citizen Resident (Perm. Resident)
❑ Non-Resident Alien (Temporary Visa)

Country (if not U.S. citizen)

Ethnic Background (optional)

❑ African American/Black ❑ Native American/Alaskan Native
❑ Latino/Hispanic ❑ Asian/Pacific Islander
❑ White/Caucasian ❑ Other _____

Certificates

Already have a degree and seeking:

❑ Health Information Systems ❑ HRM ❑ CPA Certification
❑ Government Systems ❑ IT ❑ Post-Bac. Pre-Health
❑ RN to MS Nursing

❑ Audit ❑ Male
❑ Alumni ❑ Female
❑ Senior Citizen

Financial Aid

❑ Stafford Loan Remarks:
❑ APTS
❑ PELL

Courses

DEPARTMENT	COURSE NO.	SECTION NO.	# HRS CRED.	# HRS AD.	DAY/TIME	INSTRUCTOR	CLASSROOM	COMMENTS	TUITION
MKT	301	50	3		TH/5:30	SHAW	GH207		

SAMPLE

How did you hear about Le Moyne courses? _____

Do you have a disability that would require special accommodations?

❑ No ❑ Yes, please describe _____

I, the undersigned, accept that I am responsible for payment of the tuition and fees for this course, unless I formally drop this course by *either* emailing ceinfo@lemoyne.edu with the course information and my intent to be dropped from it or by completing a drop/add form in the CE office.

✗ _____
Student Signature Date

Method of Payment

❑ Check (payable to Le Moyne College) _____
No. Bank

❑ Employer tuition deferred

* For Office Use *

Tuition ➡	
Science Lab ➡	
Parking fee ➡	
Technology fee ➡	
Breakage fee ➡	
Total ➡	
Paid with registration ➡	
Balance due ➡	
Due date ➡	