Mail/fax application with registration to:
Office of Graduate Studies
Erwin Hall 106
SUNY Geneseo
1 College Circle
Geneseo, NY 14454
STA

Fax: (585) 245-5032

GRADUATE

STATE UNIVERSITY OF NEW YORK COLLEGE AT GENESEO REGISTRATION REQUEST

SUMMER 2015

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G00# or So	cial Securi	ty Number			LAST NAME	FIRST	`NAME		INITIA			
		_										
TYPE OF STUDENT: Matriculated Program at Geneseo Non-matriculated*								complete	ed			
Non-Degree Non-matriculated* *NOTE: Non-matriculated students must complete the "Application for Graduate Non-matriculated Status" form. Please attach a copy of your undergraduate transcripts from any institution of higher education attended other than Geneseo. Refer to the online master schedule for registration instructions for Graduate Non-matriculated students.												
HOME AD	DRESS: _											
	Number and Street							County				
		City			State	Zip		Hon	ne Phone	_		
								Ema	il Address	_		
Name of Street Ac City/Zip	ddress:											
				COUL	RSE SELEC	CTION						
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ACKNOWLEDGMENT STATEMENT - All students must complete this section:

I attest to the accuracy of the information I have provided. I have read and understand the registration and financial information as set forth in the online master schedule. All course drops/withdrawals must be in writing. (Please refer to the Drop/Add, Withdrawal and Refund Policies and Deadlines.)

Signature: _	Date:	
_		