



Please complete all sections.

| |
|--------------------------------------|
| <input type="checkbox"/> FALL 2009 |
| <input type="checkbox"/> SPRING 2010 |
| <input type="checkbox"/> SUMMER 2010 |

GENERAL INFORMATION

Student I.D. Number _____ Date _____

Name _____
Last First Middle Suffix (Jr, III, etc.)

Address _____
Street City/State Zip

Birthday (mm/dd/yy) _____ Sex F M

Telephone Numbers _____
Days (9 a.m.–5 p.m.) Evenings

E-mail _____

In case of emergency, contact _____
Name Phone Relationship to you

Do you have tuition benefits? Yes No Employer Name _____

CITIZENSHIP INFORMATION (Required for government reporting)

IF YOU ARE NOT A U.S. CITIZEN:

Country of citizenship _____ Type of Visa _____ Exp. date _____

Home country permanent address _____

Are you a permanent resident of the United States? Yes No

IF YOU ARE A U.S. CITIZEN:

Current state of legal residence _____

What was your state of legal residence at the time you first attended the University? _____

If New York State, what county? (e.g., Monroe) _____

What is your ethnic background? (check one)

Hispanic of any race

For Non-Hispanic/Latino Individuals Only:

- | | | |
|---|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Race and ethnicity unknown |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White | <input type="checkbox"/> Non-resident alien (of any race or ethnicity) |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Two or More Races | |

EDUCATIONAL HISTORY

(1) Have you previously attended the University of Rochester? Yes No
If yes, when was the last date of attendance at the University? _____

(2) What is the highest level of education you have completed? _____
 associate's degree bachelor's degree master's degree doctoral degree

(over please)

COURSE INFORMATION

| Course Reference Number (CRN) | Subject Area | Course Number | Audit (Y or N) | Credit Hours | Course Title | Signature (if necessary)* |
|-------------------------------|--------------|---------------|----------------|--------------|-------------------|---------------------------|
| 19047 | CAS | 075 | N | 0 | Technical Writing | |
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| | | | | | | |

* If permission of instructor is required, see course schedule for specific restrictions.

Please complete BOTH the registration and financial statement forms, enclose full payment, and mail to (at least 15 business days prior to the start of your class):

Diana R. Julian
 University of Rochester Medical Center
 Family Therapy Training Program
 300 Crittenden Boulevard, Box Psych
 Rochester, New York 14642-8409

**REGISTRATIONS WITHOUT FULL PAYMENT
 AND SIGNATURES WILL NOT BE PROCESSED**



- FALL 2009
- SPRING 2010
- SUMMER 2010

Date _____

Name _____

Address _____

Student I.D. Number _____

Telephone Number _____

Days (9 a.m.–5 p.m.)

Evenings

Please complete all sections.

Graduate

- Matriculated Non-matriculated

Undergraduate

- Matriculated Non-matriculated

TUITION CHARGES (Credit and Noncredit Courses)

| CRN | Credit Hours | *School/College Offering Course | **Rate per Credit Hour or Noncredit or Audit Fee | Lab Fee | Course Total |
|-----|--------------|---------------------------------|--|---------|--------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

* School/College abbreviations — CAS (Arts & Sciences), SEAS (School of Engineering & Applied Sciences), SON (School of Nursing), M&D (School of Medicine & Dentistry), SIMON (Simon School), EDU (Warner School)

** See tuition & fees on page 6.

TOTAL TUITION CHARGES \$ _____ (1)

CREDITS AND ANTICIPATED CREDITS

- University of Rochester tuition benefit waiver. \$ _____

- Financial Aid _____ \$ _____
Type of Loan or Grant

- Other Credits (alumnus or senior citizen discount, special program awards, etc.)
_____ \$ _____
Type of Credit

TOTAL CREDITS AND ANTICIPATED CREDITS \$ _____ (2)

PAYMENT

AMOUNT DUE/NET TUITION AND FEES (line 1 minus line 2) \$ _____ (3)

METHOD OF PAYMENT

- Check • Please make checks payable to the UNIVERSITY OF ROCHESTER.
- Print name of registrant and student I.D. number on the face of the check.

Visa* MasterCard* Discover**

Card number* _____ Last 3 digits** _____

*Required for all credit cards **Required for Discover only

Expiration date _____ Amount \$ _____ Cardholder signature _____

PAYMENT AGREEMENT

REGISTRATION WILL NOT BE PROCESSED UNLESS SIGNED BY STUDENT.

I certify that I am financially responsible to the University of Rochester for all charges incurred during Summer 2009. I further certify and understand that should my student account not be kept current, the University has the right to assess collection costs, late payment fees, and place a hold on my account that prevents further registration and printing of transcripts.

Student signature _____ Date _____

Students under the age of 18 years must have their parent/guardian sign the following:

I, _____, the parent/guardian of _____, agree to be responsible for payment pursuant to the terms of this payment agreement. My social security number is _____.

Parent signature _____ Date _____

Full payment MUST accompany the registration form and financial statement. Questions? Contact the Office of the Bursar at (585) 275-3931.