

Noncredit Registration Form



Purchase College

STATE UNIVERSITY OF NEW YORK

Check one: SPRING ☐ SUMMER ☐ FALL ☐ Year: _____

Please return registration form via email, fax, or mail.

STUDENT INFORMATION: (please print)

last name first middle

date of birth (mm/dd/yyyy)

campus ID ("P") number, if known

street address

tel. (day): area code+number

tel. (eve): area code+number

city state zip code

email address

☐ Check if this is a new address

NONCREDIT COURSE SELECTION

course id (3 letter prefix + 4 digits)	CRN (5 digits)	course title	start date	instructor	tuition ^{1 2}

¹ Early registration discount tuition must be paid in full by the early registration deadline

² Parking and (optional) Student Identification (More Card) fees are paid after registration

FORM OF PAYMENT (please check one):

<input type="checkbox"/>	Check	<input type="checkbox"/>	MasterCard
<input type="checkbox"/>	Money order	<input type="checkbox"/>	American Express
<input type="checkbox"/>	Visa	<input type="checkbox"/>	Discover

TOTAL	
Lab fee (if applicable)	
Nonrefundable registration fee*	25
TOTAL ENCLOSED	

For credit card payments, please fax or mail a completed and signed:

[Credit Card Authorization Form](#)

*registration fee is due only once per semester

Student Agreement: You are required to read and acknowledge the following statement:

Your registrations for course(s) means that you assume responsibility for paying all tuition and fees associated with your registration. Unless you withdraw from a course by the published deadline, you are responsible for the charges even if you did not attend or log in to a single class. The liability and refund policy is available on the Student Financial Services site, www.purchase.edu/offices/student-financial-services/. Your acknowledgement below indicates that you understand college policies, including the Community Standards of Conduct as referenced in the Purchase College Student Handbook and the Institutional Response to Alcohol and Other Drugs, available online at www.purchase.edu/college-policies/.

Student's signature

Date

Parent/Legal Guardian Signature, if applicable

Date

School of Continuing Education | 735 Anderson Hill Road, Purchase, NY 10577
tel: (914) 251-6500 | fax: (914) 251-6515 | email: conted@purchase.edu | www.purchase.edu