



# Course Registration Form

For semester: Fall 200\_\_ Spring 200\_\_ Summer 200\_\_

## Easy Steps to Register for a Course at Siena College...

1. Review course offerings and discuss choices with an Advisor.
2. Complete and sign the Registration Form then fax, mail or drop it off.
3. Receive your schedule in the mail.
4. Pay your bill by start of classes.
5. Start your future at Siena College... That's all there is to it!

### Contact Information:

Siena College  
 515 Loudon Road  
 Loudonville, NY 12211-1462  
 Phone # (518) 783-2341  
 Fax # (518) 786-5055

#### Optional

This information is used for College statistical reports only:  
 How would you describe yourself?  
 American Indian or Alaskan Native  
 Asian or Pacific Islander (including Indian Subcontinent)  
 Black, African American/Non-Hispanic  
 Hispanic/Latino  
 White, Anglo, Caucasian  
 Other (specify) \_\_\_\_\_

Name: \_\_\_\_\_  
Last First MI

Siena ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Your Unique number assigned to you by Siena, not your SSN. MM/DD/YYYY

Home Address: \_\_\_\_\_  
Street

City State Zip County

Gender:  Male  Female

Have you ever been convicted of a felony?  Yes  No

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone

Were you enrolled last semester at Siena College  Yes\*  No

\* If yes, skip next block and go directly to Course Information.

**I am**  **New Student**  **Re-Entering**  **Visiting**

List all colleges you have attended (Visiting students, list home institution first.):

College	Location	Dates of Attendance	Year of Graduation

Social Security Number: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

If not a US Citizen, are you a permanent resident?  Yes  No

Do you have a H.S. diploma or equivalent?  Yes  No

Have you ever attended Siena College?  Yes  No

If yes, dates: \_\_\_\_\_ to \_\_\_\_\_

Other Name used at the time: \_\_\_\_\_

Have you ever applied for admission to Siena College?  Yes  No

If yes, date: \_\_\_\_\_

### COURSE INFORMATION:

CRN	Course #	Course Title	Credits
Check if applicable: <input type="checkbox"/> NYS Police Employee <input type="checkbox"/> State Farm Ins. Employee			<b>Total Credits:</b>
<input type="checkbox"/> CSEA <input type="checkbox"/> PEF/PSTP <input type="checkbox"/> Auditor			<b>Total Credits* X \$450 (tuition per credit)</b>
			<b>Applicable Fees:</b> +
<input type="checkbox"/> My employer is assisting with payment (A letter outlining eligibility for THIS SEMESTER IS REQUIRED)			<b>Registration Fee:</b> + \$50.00
<b>* Students registered for 12 or more credit hours are considered to be full-time students. See catalog for Undergraduate Tuition &amp; Fees.</b>			

### CERTIFICATION & SIGNATURE

I certify that the information I have given is complete and true to the best of my knowledge and that I shall comply with all the rules and regulations of the College which may be in effect or which shall become effective while I am a student, including those outlined in *Siena Life*. I understand that I must comply with New York State immunization health law and that failure to comply with the law may result in disenrollment from the college without refund of tuition and fees. I understand that Siena College reserves the right to ask for further information regarding my current and former educational records and to revoke my registration for prior unsatisfactory academic performance or conduct determined to be unacceptable for continued registration at the College. I also understand that the College may exclude, at any time, students who do not meet minimum academic standards in their registered courses or who engage in conduct in violation of the Student Code of Conduct or other policies set forth in *Siena Life*. I agree that if I engage in any recreational or athletic activities, I assume the risk involved in any such activities, and I hereby agree that the College will have no liability therefore.

Signature \_\_\_\_\_

Date: \_\_\_\_\_