

Siena College High School Scholars Registration Form



SIENAcollege

Form Updated: 2/16/2010

Name: _____

Social Security Number: _____ Siena SID Number: _____

(Home Phone): _____ (Cell Phone): _____

Email Address: _____

Mailing Address: _____

Date of Birth: _____ Anticipated Year of High School Graduation: _____

Emergency Contact Information: Name: _____
 Phone: _____ Cell: _____
 Relationship: _____

Country of Citizenship _____ If not a US citizen, are you a permanent resident? Y N

Have you ever attended Siena College? Y N | If yes, give dates: _____

Have you ever applied for admission to Siena College? Y N | If yes, give dates: _____

Have you ever been convicted of a felony? Y N | If yes, explain: _____

Course Selection (s)			
Course #	CRN #	Title of Course	Section #
_____	_____	_____	_____
_____	_____	_____	_____

Tuition for each course is \$450.00 ____ Check enclosed (*payable to Siena College*) in the amount of \$_____

Note: Siena Tuition Rates are subject to change.

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 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 Regulations and Laws 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: _____ Dated: _____

Mail completed Registration form to:

Siena College
 Office of Academic Affairs
 Attention: Mary Pinsonneault
 515 Loudon Road
 Loudonville, NY 12211

www.siena.edu/academics
 Phone: 518-783-2917/782-6889

This information is used for College statistical reports only.
 How would you describe yourself?

- _____ American Indian or Alaskan Native
- _____ Asian or Pacific Islander
- _____ Black (non-Hispanic)
- _____ White (non-Hispanic)
- _____ Hispanic
- _____ Non-residential Alien
- _____ Other (specify) _____