

Please refer to <https://infocenter.rit.edu> for registration and payment procedures.

Current or Past RIT Affiliation(s): Faculty/Staff Student Alumni None Other _____

Date _____ Quarter: Fall (2011) Winter (2012) Spring (2013) Summer (2014)

Name _____ Social Security No. _____

Last

First

Middle

Required for new students. It is used internally to award and disperse Federal Financial Aid, report enrollment to the National Clearinghouse and lenders and provide information to the IRS for Federal Tax Credit Reporting.

NEW STUDENTS - Please complete the following personal data section.

RETURNING STUDENTS - Please complete only those areas in which a change has occurred.

Date of Birth _____ Gender M F
Month Day Year

Home Address (RIT mail will be sent to this address)

Number & Street _____

City/State/Zip Code _____

Province/Postal Code _____

Telephone Numbers (Appear on Classlists)

Home ____ / ____ Day (9am - 5pm) ____ / ____ Cell ____ / ____

Country of Origin _____ State of Permanent Residence _____

NYS County of Permanent Residence _____

E-mail Address _____

Required to generate an RIT computer account on-line

Are you currently enrolled in a degree/certificate program at RIT? Yes No

If no, are you interested in pursuing a degree/certificate? Yes No

If yes, please list any areas you are interested in: _____

Optional Information

If you wish to be identified with a particular ethnic or racial group, please indicate how you would describe yourself.

Ethnicity Hispanic or Latino
 Not Hispanic or Latino

Race (please select one or more)

- Asian
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

Employer Information: To have grades and tuition information released to your employer, please complete a Transcript Request form available on the web under "forms" at rit.edu/registrar.

COURSE REQUEST: Some courses may require departmental approval and/or advising prior to registration.

Please list preferred and alternate choices.

COURSE NUMBER	CR. HRS.	TITLE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Mail to:
Rochester Institute of Technology
Registrar's Office
George Eastman Hall
27 Lomb Memorial Drive
Rochester, NY 14623-5603

Fax to:
585/475-7005

Registrar's Office Use Only

Date Received: _____
Date Processed: _____
Processed By: _____