

ROCHESTER INSTITUTE OF TECHNOLOGY  
 OFFICE OF THE REGISTRAR  
 EASTMAN HALL (EAS), ROOM 1202  
 PHONE 585/475-2821  
 FAX 585/475-7005

**Instructions:**

Please type or print legibly when completing this form. Refer to [sis.rit.edu](http://sis.rit.edu) to view the Schedule of Classes.

RIT promotes and values diversity and provides equal opportunity to all qualified individuals regardless of race, color, creed, age, marital status, gender, religion, sexual orientation, gender identity, gender expression, national origin, veteran status, or disability.

**General Information****Request for Social Security Number**

Your social security number is used to report your enrollment to the National Student Clearinghouse and other lenders. It is also used internally to award and disburse federal financial aid, and provide information to the IRS for Federal tax credit reporting.

Current or past RIT Affiliation/s:  Faculty/Staff  Student  Alumni  Other \_\_\_\_\_

Today's Date: \_\_\_\_\_ Registration Term:  Fall  Intersession  Spring  Summer

University ID Number: *(use social security number if first time at RIT)* \_\_\_\_\_

Name \_\_\_\_\_  
 First Middle Last Suffix

Prior Name \_\_\_\_\_ Gender:  M  F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(mm/dd/yyyy)*

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

Number and Street \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Province/Postal Code \_\_\_\_\_  
 Country of Origin \_\_\_\_\_ State of Permanent Residence \_\_\_\_  
 NYS State County of Permanent Residence \_\_\_\_\_

**Contact Phone and E-mail Information**

Day \_\_\_\_/\_\_\_\_-\_\_\_\_ Cell \_\_\_\_/\_\_\_\_-\_\_\_\_  
 E-mail \_\_\_\_\_  
*(used to generate an RIT computer account)*

**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

**Degree and Criminal History Status**

- Are you currently enrolled in a degree or certificate program at RIT?  Yes  No
- Have you applied to, or are you applying to an RIT program?  Yes  No
- If no, are you interested in pursuing a certificate or degree?  Yes  No
- Do you have a previous degree? If yes, list all degrees earned \_\_\_\_\_
- Have you ever been subjected to disciplinary action by any school, college or university or branch of military, or convicted of any state or federal law, excluding minor traffic violations?  
 No  Yes ( If yes, please explain \_\_\_\_\_ )

**Class Request**

Some classes may require departmental approval and/or advising prior to registration.

**Mail completed form to:**  
 RIT Registrar's Office  
 27 Lomb Memorial Drive  
 1202 George Eastman Hall  
 Rochester, NY  
 14623-5603

**Fax to:**  
 585/475-7005

**Scan and e-mail to:**  
[registrar@rit.edu](mailto:registrar@rit.edu)

**Please list preferred choices**

CLASS NO.	SUBJECT	CATALOG	SECTION	UNITS	CLASS TITLE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

**Please list alternate choices**

- 1A. \_\_\_\_\_  
 2A. \_\_\_\_\_  
 3A. \_\_\_\_\_

**Employer Information****Transcript Information**

If you or a third party need a copy of your academic transcript, please complete an *Academic Transcript Request* form available on the web at [rit.edu/registrar](http://rit.edu/registrar). In the left-hand column select Forms, then *Academic Transcript Request*.

**Registrar's Office Use Only**

Date Received \_\_\_\_\_ Date Processed \_\_\_\_\_ Processed by \_\_\_\_\_

**Distribution:** *Please keep a copy for your records. Return original to the Registrar's Office.*