

## Non-Degree Enrollment

**Instructions:**

This form must be completed electronically. It can then be printed once completed.

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.

**Program/Plan**

**Program = UNDE**  
**Plan = PROJFF-NON**

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

Today's Date: \_\_\_\_\_ Registration Period:  Spring  Summer

University ID Number: *(Generated by RIT)* \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Middle  
*(mm/dd/yyyy)*

Prior Name \_\_\_\_\_ Gender:  M  F Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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 (8:30 am -5 pm) \_\_\_\_/\_\_\_\_-\_\_\_\_ Cell \_\_\_\_/\_\_\_\_-\_\_\_\_  
 E-mail \_\_\_\_\_

**High School Information**

High School \_\_\_\_\_  
 Year in School 9 10 11 12

**High School Course Information**

Name of High School course \_\_\_\_\_  
 Semester Course Begins:  
 Course Length: Full Year Course Ends:

**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

Send completed form:

By mail to:

Brittany Comegna  
 RIT/NTID  
 52 Lomb Memorial Drive  
 Rochester, NY 14623

By fax to:

585-475-6500

By email to:

bacnca@rit.edu

**Course Request**

Choose the course you are taking from the drop-down list below. Only one course per form, please:

**Degree Plan**

Have you applied to, or are you applying to an NTID or RIT program? Yes No

**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.*