

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.*