

## 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

### 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.*