

Instructions:

This form is to be updated by non-degree or visiting students, those who are not currently matriculated into an RIT degree or certificate program, who are requesting enrollment into one or more classes. Registration is based on seat availability and is permitted before the add/drop date on the academic calendar (www.rit.edu/calendar).

General Information

Request for Social Security Number

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

Photo Identification:

Please provide a picture of your driver's license or passport when submitting the form.

Today's Date: _____ Registration Term: ☐ Fall ☐ Spring ☐ Summer

University ID Number (if applicable): _____

Social Security Number: If RIT does not already have your SSN, complete the Add/Update SSN eform in SIS after enrollment is confirmed. Do not write your SSN on this form.

RIT Affiliation: ☐ Alumni ☐ Faculty/Staff ☐ Student Other _____

Name: _____
First Middle Last Suffix

Previous Name: _____ Gender: _____ Birth Date: _____
(mm/dd/yyyy)

Home Address:

Number and Street: _____ City: _____

State/Province/Territory: _____ Postal/Zip Code: _____ County (If New York State Resident): _____

Country: _____

Contact Phone and Email Information:

Phone: _____

Email: _____

(Used to activate your RIT user account)

Access Services

☐ I will seek communication access services (i.e., sign language interpreting, real time captioning, note-taking and audiology services) to support my study at RIT. I will send an audiogram to ntidadmissions@ntid.rit.edu and receive an update on communication access services. Deaf, hard of hearing and students with cochlear implants or any other hearing device should check this box.

Education, Disciplinary, and Criminal History

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

Please list all previously earned degrees here. _____

Have you ever been subjected to disciplinary action by any school, college/university, or branch of the military ☐ Yes ☐ No or convicted of any state/federal law, excluding minor traffic violations? If yes, please explain below.

Class Request

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

Email Completed Forms To:

registrar@rit.edu

Fax Completed Forms To:

585-475-7005

Indicate each course you are requesting to take at RIT for the semester. If instructor permission is required, it is your responsibility to obtain instructor approval prior to submitting this form.

Check here if you want to register for all listed classes: ☐

Preference Order	Class Nbr	Subject	Catalog Nbr	Section	Units	Course Title
Example: 1	81193	HIST	323	01	3.00	America's National Parks

Notice of Responsibility: I hereby accept financial responsibility for all charges (including collection of fees) associated with the above schedule adjustments according to the university refund schedule. I acknowledge that it is my responsibility to familiarize myself with university policy and procedure regarding registration, drop/withdrawal, and refunds. I further understand that dropping/withdrawing below full time status may jeopardize my financial aid eligibility and/or immigration status (for students on F1 or J1 visas).

Student Signature: _____ Date: _____