Alfred University

ALLEN TERM REGISTRATION FORM

AU ID No. _____   Date _____
(If one has been assigned)

Name _____/_____
          Last   First   Middle   Maiden/Former

Have you ever attended Alfred University?   ☐ Yes: ☐ Graduate ☐ Undergraduate
                                              ☐ No

NOTE: If the answer to the above question is "No", complete the "New Record Only" section, below.

Are you now in a degree program at AU?   ☐ Yes: AU College/School _____ Major/Program _____
                                         ☐ No – I am not a degree-seeking student at Alfred University

Do you have a bachelor's degree?   ☐ Yes, from: College/University _____ Mo/Yr _____
                                   ☐ No

Course and Section Information				Course Title	Credit Hours	Instructor
CRN	Subject	Course No.	Sec. No.			

I accept financial responsibility for all charges incurred at Alfred University in connection with my registration.

_____   _____
         Student's Signature   Date

New Record Only

Social Security No. _____   Date of Birth: _____   Gender: ☐ Male ☐ Female
                                         MM/DD/YYYY

Predominant Racial/Ethnic Identification: (Optional)   ☐ American Indian/Alaskan Native ☐ Asian/Pacific islander
☐ Black/Non-Hispanic ☐ Hispanic ☐ White/Non-Hispanic ☐ Multi-Ethnic Background ☐ Other

Citizenship: ☐ U.S. Citizen ☐ Permanent Resident of the U.S. ☐ Non-Resident Alien

Permanent Address and Telephone:

_____   _____
   No. and Street   City   State   Zip   Area Code/Phone

Emergency Contact: _____   _____
         Name   Relationship   Area Code/Phone

Mail, fax, email or bring this completed registration form to:
Student Service Center, Saxon Drive, Alfred, NY 14802
Telephone: (607) 871-2123 – Fax: (607) 871-2347 – Email registrar@alfred.edu