

Alfred University

SUMMER SESSION REGISTRATION FORM

IMPORTANT! Currently enrolled AU full-time and part-time students STOP HERE. You must register on-line using BannerWeb (<https://banweb.alfred.edu>). Contact the Student Service Center for help if you have questions about web registration: 607-871-2123 or registrar@alfred.edu. **If you are a high school student STOP HERE.** You need to use the special high school student registration form at www.alfred.edu/summer/school/general.cfm. All others should complete this form.

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

Name _____ / _____
Last First Middle Maiden/Former

Phone (with area code): _____ Cell Phone: _____

Current Email Address: _____

Have you ever attended Alfred University? Yes Graduate Undergraduate No

Are you applying for Tuition Remission? Yes – I am an eligible AU employee or dependent No

NOTE: if you answered NO to BOTH of the above questions, you *must* complete the “New Record Only” section, below.

Do you receive employer reimbursement? Yes No If Yes, Employer: _____

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.			

Advisor’s Signature
(Required for ALL undergraduates in a program leading to an AU degree.)

Signature of Student

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 Non-Resident Alien

If you are *not* a U.S. Citizen, please check the appropriate box below:

Permanent Resident “A” number: _____

Refugee “A” number: _____

International Type of Visa: _____ Country: _____ Name of School that issued I-20: _____

Name and email address for your campus DSO: _____

SEVIS I.D. No: _____

Other: _____

Permanent Address and Telephone:

No. and Street City State Zip Area Code/Phone

Emergency Contact: _____
Name Relationship Area Code/Phone

Mail, fax, or bring this completed registration form to: Student Service Center, Saxon Drive, Alfred, NY 14802
Telephone: (607) 871-2123 • Fax: (607) 871-2347

*Before registering, new students *must* also submit a completed immunization form to Crandall Health Center. The Immunization Form (along with instructions for completion and submission) is accessible at www.alfred.edu/summer/school/general.cfm.