

# Alfred University

## SUMMER TERM REGISTRATION FORM

AU ID No. \_\_\_\_\_  
(If one has been assigned)

Date: \_\_\_\_\_

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: **Register online using AU BannerWeb** <https://banweb.alfred.edu>  
 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 or African American/Not Hispanic  White/Not Hispanic  Hispanic  Two or More Races

**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: \_\_\_\_\_

I am an F-1 student seeking a degree at a different U.S institution. If checked, and the class(es) listed above are on our campus (not online), please have your campus DSO at your sponsoring institution complete and sign this section:

I, \_\_\_\_\_, a Designated School Official at \_\_\_\_\_  
affirm that the student named above [SEVIS I.D.: \_\_\_\_\_] is a current F-1 student in good standing at this time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Permanent Address:**

**Emergency Contact:**

Name

Relationship

Area Code/Phone

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

Those registering at AU for the first time must also submit a completed immunization form to Wellness Services. The Immunization Form, along with instructions for completion and submission, is accessible at <http://www.alfred.edu/summer/term/general.cfm>.