# Extended Campus Registration Form

**Fall 2010**

**Name (Last, First, M.I.)**

<table>
<thead>
<tr>
<th>SU ID Number</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>M-Male</th>
<th>F-Female</th>
</tr>
</thead>
</table>

**Ethnicity**

1. African American
2. Asian American
3. Asian Pacific
4. Native American
5. Other Ethnicity

**Citizenship Code**

1. U.S. Citizen
2. Permanent Resident
3. Non-Resident Alien
4. Other Citizenship

**Country of Citizenship**

- N-New Graduate
- G-Graduate
- U-New Undergraduate
- Other

**Registration Status**

- Undergraduate
- Graduate
- Non-Resident Alien

**Level**

- U-Undervmdate
- G-Graduate
- Other

**Admitted to an SU Degree Program?**

- Yes
- No

**Admitted to an SU Degree Program?**

- Yes
- No

**Local Address (Number and Street)**

City

State

Zip Code

**Phone Number**

**Name of Employer**

**Business Phone Number**

**Fax Number**

**E-Mail Address (write clearly)**

(required for online courses)

**Dept. Prefix & Course No.**

**Section No.**

**Five Digit Class No.**

**Course Title (abbreviated)**

**No. of Units**

**Instructor**

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This form can only be used for Extended Campus courses. The Registration Form, the Payment Information section below, and the following Promissory Note MUST be completed. Call 315-443-2685 for assistance if needed.

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**SU I.D. CARD**

Do you have an SU I.D. card? Yes ☐ No ☐ Would you like to order an SU I.D. Card? Yes ☐ No ☐

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**PAYMENT INFORMATION**

**Payment Method (Please check one)**

- Payment enclosed
  - check payable to Syracuse University
- Payment in full at time of billing
  - To avoid late charges, full payment must be received by the due date stated on invoice.
  - Remitted Tuition Recipient
    - SU employee department:
    - Spouse of SU employee
    - Name of employee:
- Tuition Voucher (Your employer must forward the usage approval form to Bursar Operations, Archbold North)

**Employer Tuition Deferral**

(Application form on following page)

Completed form must be submitted with registration form

- Other

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A completed and signed copy of the PROMISSORY NOTE FOR PART-TIME STUDENTS must be submitted with each registration form.

Mail or fax forms to: Extended Campus, Syracuse University, 150 Huntington Hall, Syracuse NY 13244-2340. FAX 315-443-3289. Questions? 315-443-2685.
Promissory Note for Part-time Students
Must Be Submitted With Each Completed Registration Form

Student:
Keep a copy of this promissory note for your records.

In consideration of the student having registered and attended classes at Syracuse University ("the University") without payment in full of the University's charges for such registration and attendance, and in further consideration of the University's forbearance of immediate collection of all amounts now due and owing for the above student's tuition and/or fees, the undersigned promises to pay to the order of Syracuse University at the Office of Bursar Operations in Syracuse, New York, the principal sum of $________ on the specified date due. If full payment is not made by the due date, the undersigned shall pay a late fee. When the unpaid balance is $499.99 or less, the late fee is $45; when $500 or more, the late fee is $80.

Until all amounts due and owing on this note are paid in full, the University may withhold the student's grades, transcripts, and/or diploma, and prohibit the student from registering for any subsequent periods. If full payment is not made within 45 days from the due date, the University may also cancel the student's registration, remove or bar the student from attending classes, and retain all monies received.

In the event of any default on this note, the University may set off against sums outstanding on the note all sums, deposits, credits, or other property belonging to the undersigned that may be in, or thereafter come into, its possession.

I intend any facsimile of my signature on the promissory note as printed by Syracuse University's receiving facsimile machine to be equal to and enforceable as my original signature and that such a facsimile copy of this promissory note be deemed a counterpart to the original promissory note, and therefore, enforceable in court or other tribunal.

X
Student's Signature

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IMMUNIZATION REQUIREMENT

New York State Law mandates that all student born after January 1, 1957, must submit proof of immunity to measles, mumps, and rubella. Students who are taking only Extended Campus courses and are registering for one Extended Campus course per semester (fewer than six credits) are exempt. Acceptable proof of immunity:

Measles: Two doses of live measles vaccine, the first one administered on or after the first birthday and the second after 15 months of age. There must be an interval of at least 30 days between the first and second doses of vaccine. Serological proof of immunity or physician statement of prior disease history.

Mumps: One dose of vaccine given on or after the first birthday, serological proof of immunity, or physician statement of prior disease history.

Rubella: One dose of vaccine given on or after the first birthday or serological evidence of vaccination.

Please send documents to SU Health Services, Attn: Medical Records, 111 Waverly Ave., Syracuse, NY 13244-2320. Or fax them to 315-443-9010. Phone: 315-443-2666. Required vaccines are available at the Health Center on a fee-for-service basis.