

# Extended Campus Registration Form

Spring 2018

Name (Last, First, M.I.) <input type="checkbox"/> Check if name has been changed		SU ID Number		Social Security Number		Date of Birth		M-Male F-Female					
Ethnicity <input type="checkbox"/> 1-African American 5-Mexican 2-American Indian 6-Latin American 3-Asian/Pacific 7-Caucasian 4-Puerto Rican 8-Other Ethnicity		Citizenship Code <input type="checkbox"/> 1-U.S. Citizen 2-Noncitizen Resident (Permanent Resident) 3-Non-Resident Alien		Country if not U.S. Citizen		Registration Status <input type="checkbox"/> 1-New Undergraduate 2-New SU Undergraduate 3-New Graduate 4-New SU Graduate 5-Returning SU Student		Level <input type="checkbox"/> U-Undergraduate G-Graduate		Admitted to an SU Degree Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		Degree Program	
Local Address (Number and Street) <input type="checkbox"/> Check if this is a new address				City				State		Zip Code		Phone Number	
Name of Employer <input type="checkbox"/> Check if this is a new 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			

- 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.

## SU I.D. CARD

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

## PAYMENT INFORMATION

### Payment Method (Please check one)

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Payment enclosed<br>-- check payable to Syracuse University<br><input type="checkbox"/> Payment in full at time of billing<br>To avoid late charges, full payment must be received by the due date stated on invoice.<br>Remitted Tuition Recipient<br>SU employee department: _____<br>Spouse of SU employee<br>Name of employee: _____<br><input type="checkbox"/> Tuition Voucher (Your employer must forward the usage approval form to Bursar Operations, Archbold North) | <input type="checkbox"/> Employer Tuition Deferral<br>(Application form on following page)<br>Completed form must be submitted with registration form<br><input type="checkbox"/> Other _____<br>_____<br>_____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

PLEASE SIGN \_\_\_\_\_ DATE \_\_\_\_\_

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

Please Print  
 Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Date \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tuition Only _____
Course Fees _____
Total Due _____
Balance Due _____

**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.

In the event that legal proceedings are commenced, the undersigned agrees that legal action may be brought in the courts of New York State with venue in Onondaga County and that such courts shall have full personal jurisdiction over the undersigned.

The undersigned waives presentment, demand for payment, notice of dishonor, protest, notice of protest, all other notices in connection with this note.

The undersigned shall promptly notify the University in writing of any change of address.

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

### 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.