

# Extended Campus Registration Form

This form can **only** be used for Extended Campus courses. Registration information, payment section, and the promissory note **MUST** be completed to submit your registration form.

Return by mail: Extended Campus, 150 Huntington Hall, Syracuse NY 13244-2340

Return by fax: 315.443.3289.

Questions or need assistance? Please call 315.443.2685.

## Personal Information

Name (Last, First, M.I.)		SU ID Number	Social Security Number	Date of Birth	Gender
<input type="checkbox"/> Check if name has been changed					
<b>Ethnicity</b> <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Mexican <input type="checkbox"/> Latin American <input type="checkbox"/> Caucasian <input type="checkbox"/> Other Ethnicity:			<b>Citizenship</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non-Resident Alien <input type="checkbox"/> Noncitizen Resident (Permanent Resident) Country if not U.S. Citizen:		
<b>Student Level and Registration Status</b> <input type="checkbox"/> New Undergraduate Student <input type="checkbox"/> New Graduate Student <input type="checkbox"/> New SU Undergraduate Student <input type="checkbox"/> New SU Graduate Student <input type="checkbox"/> Returning SU Undergraduate Student <input type="checkbox"/> Returning SU Graduate Student			<b>Admitted to an SU Degree Program?</b> <input type="checkbox"/> Yes: <input type="checkbox"/> No		<b>Semester:</b> (e.g. Spring 2019)
Local Address (Number and Street)		City	State	Zip Code	Phone Number
<input type="checkbox"/> Check if this is a new address					
Name of Employer		Business Phone Number	Fax Number	E-Mail Address	
<input type="checkbox"/> Check if this is a new employer					

## Courses

Dept. Prefix & Course No.	Section No.	Five Digit Class No.	Course Title (abbreviated)	No. of Units	Instructor

## SU ID Card

Do you have an SU I.D. card?

Yes     No

Would you like to order an SU ID Card?

Yes     No

## Payment Information and Method

Check payable to Syracuse University is enclosed.

Payment in full at time of billing

Remitted Tuition Recipient

SU employee department:

\_\_\_\_\_

Spouse of SU employee

Employee Name:

\_\_\_\_\_

Employer Tuition Deferral

Tuition Voucher

(Your employer must forward the usage approval form to Bursar Operations, Archbold North)

Other (explain):

\_\_\_\_\_

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

## Promissory Note for Part-time Students

Must be submitted with each completed registration form. Please keep a copy of this promissory note for your records.

<p>Date: _____</p> <p>Social Security Number: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Tuition Only: _____</p> <p>Course Fees: _____</p> <p>Total Due: _____</p> <p>Balance Due: _____</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The undersigned waives presentment, demand for payment, notice of dishonor, protest, notice of protest, all other notices in connection with this note.</p> <p>The undersigned shall promptly notify the University in writing of any change of address.</p> <p>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.</p> <p>Student’s Signature: _____</p>
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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.