



FALL 2018 REGISTRATION FORM

Register and pay online on the NYSID Portal, portal.nysid.edu.

Otherwise, register at www.nysid.edu/registration or complete and sign this form and return it to the Registrar's Office with your payment (by check payable to NYSID, money order, or credit card). You may register in person, by mail, by fax (212-472-3800), or by email (registration@nysid.edu).

Social Security Number: - - NYSID ID: _____

Last Name _____ First Name _____ M.I. _____

Permanent Home Address _____ Street/Apt. No. _____ City _____ State/Country _____ Zip _____ Permanent Telephone _____

E-mail _____ Local Address (if different) _____ Local Telephone _____

Are you applying for financial aid? No Yes Have you enrolled in Tuition Management Systems? No Yes

| Course Code | Course/Workshop | Section (A-W) Day & Time | Credits | CEUs | LUs | Tuition |
|-------------|-----------------|--------------------------|---------|------|-----|---------|
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Refunds are given only in accordance with the current published refund schedule and by check only. The undersigned student is responsible for all charges for registered courses and agrees that if a delinquent account is referred to a collection agency he/she must reimburse the school the fees of any collection agency, which may be based on a percentage at a maximum of 50% of the debt, and all costs and expenses, including reasonable attorneys' fees, the school incurs in such collection efforts.

| | | | |
|---------------------------------------|--|----------------|--|
| Courses for Credit: | | Total Tuition: | |
| Total Credits: | | | |
| Plus Registration / Technology Fee | | | |
| Plus Print and/or Materials Fees | | | |
| Late Registration Fee (if applicable) | | | |
| Continuing and Professional Studies: | | | |
| Total Continuing Education Fees | | | |
| TOTAL | | | |

AIA Membership No: _____

Student Signature _____ Date _____

Advisor's Signature _____ Date _____

Financial Aid Administrator Signature _____ Date _____

Method of Payment: Check MasterCard VISA AmEx

Exp (mo/yr) ___ / ___

Name as it appears on credit card _____ Signature _____

Current Status
 Incoming - New New Transfer
 Continuing Readmitted
Are you?
 Cont Ed only Applying for admission
 Nonmatriculated Matriculated

In Which Program?
 MFA BFA AAS BA Basic Int Des MPS -L
 MPS-S MPS-H None

U.S. citizens only
 What is your home state? _____
 If NY state, what is your home county? _____

Non-U.S. citizens only
 Country of Citizenship _____

Personal Data
 Male Female Date of Birth (m/d/y) ___ / ___ / ___

Predominant Ethnic Background
 Disclosure of racial or ethnic information is solely voluntary and will be kept confidential, and refusal to provide this information will not subject the applicant to any adverse treatment.

Hispanic/Latino Asian
 American Indian or Alaskan Native White
 Black/African American Native Hawaiian or Other Pacific Islander

Type of Visa
 Student F-1 Permanent Resident Other
 (specify other) _____