# NONCREDIT REGISTRATION

Kingston Center of SUNY Ulster
94 Mary’s Avenue, Kingston, NY 12401
845-339-2025 • Fax 845-339-0780

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**TODAY’S DATE**

**NAME – PLEASE PRINT**

- **LAST**
- **FIRST**
- **M.I.**

- **MAIDEN OR PREVIOUS LAST NAME**

**PERMANENT HOME ADDRESS – PLEASE PRINT**

- **STREET**
- **CITY**
- **STATE**
- **ZIP**
- **COUNTY**

**PHONE NUMBERS – PLEASE PRINT**

- **HOME PHONE**
- **CELL PHONE**
- **BUSINESS PHONE**

**GENERAL – PLEASE PRINT**

- **EMAIL ADDRESS**
- **DATE OF BIRTH**
- **GENDER**
  - **M**
  - **F**

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**LIST BELOW COURSES YOU ARE REGISTERING FOR**

See catalog or visit www.sunyulster.edu for course codes, start dates & course fees.

<table>
<thead>
<tr>
<th>OFFICE USE</th>
<th>COURSE CODE</th>
<th>COURSE TITLE</th>
<th>COURSE START DATE</th>
<th>COURSE FEE</th>
<th>TOTAL $</th>
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**PAYMENT DETAILS – PLEASE PRINT**

- **PAYMENT METHOD**
  - **Cash**
  - **Check**
  - **Money Order**
  - **Credit Card**

- **CREDIT CARD NUMBER**
- **EXPIRATION DATE**
- **CVC CODE**

- **CARDHOLDER NAME (AS IT APPEARS ON CARD)**

- **BILLING STREET ADDRESS**
- **BILLING ZIP CODE**

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This information is voluntary

Are you Hispanic / Latino?
- **Yes**
- **No**

If Hispanic, your background (select one)
- **Central American**
- **Mexican**
- **South American**
- **Dominican**
- **Puerto Rican**
- **Other Hispanic / Latino**

Are you? (select all that apply)
- **White**
- **Black / African American**
- **Asian**
- **American Indian / Alaska Native**
- **Native Hawaiian / Other Pacific Islander**
- **Non-Resident Alien**
- **Are you a Veteran?**
  - **Yes**
  - **No**
- **Do you have a disabling condition?**
  - **Yes**
  - **No**

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LOCATION CODES

- **KSU** Kingston Center of SUNY Ulster
  - 94 Mary’s Avenue
  - Kingston, NY 12401
- **SRC** Stone Ridge Campus
  - 491 Cottekill Road
  - Stone Ridge, NY 12484