

___ / ___ / ___
 TODAY'S DATE

 **LIKE US!**
 SUNY Ulster Continuing &
 Professional Education

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

LIST BELOW COURSES YOU ARE REGISTERING FOR SEE CATALOG OR VISIT WWW.SUNYULSTER.EDU FOR COURSE CODES, START DATES & COURSE FEES.

OFFICE USE	COURSE CODE	COURSE TITLE	COURSE START DATE	COURSE FEE
A UNIT OF THE STATE UNIVERSITY OF NEW YORK AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY COLLEGE			TOTAL \$	

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

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

PAYMENT DETAILS - PLEASE PRINT

Cash
 Check
 Money Order
 MasterCard
 Visa
 Discover

 CREDIT CARD NUMBER

 EXPIRATION DATE CVC CODE

 CARDHOLDER NAME (AS IT APPEARS ON CARD)

MAKE CHECK / MONEY ORDERS
 PAYABLE TO UCC.

 BILLING STREET ADDRESS BILLING ZIP CODE