



## **NONCREDIT REGISTRATION**

Kingston Center of SUNY Ulster 94 Mary's Avenue, Kingston, NY 12401

845-339-2025 • Fax 845-331-2331 www.sunyulster.edu

TODAY'S DATE  NAME - PLEASE PRINT							F LIKE US! SUNY Ulster Continuing & Professional Education	
NAME - PLEASE PR	INI							
LAST			FIRST		M.I.			
MAIDEN OR PREVIOUS LAST NAME			STUDENT U#					
PERMANENT HOME	ADDRESS - PLEASE I	PRINT						
STREET			CITY	STATE	ZIP		COUNTY	
PHONE NUMBERS -	PLEASE PRINT							
HOME PHONE			CELL PHONE					
BUSINESS PHONE								
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EMAIL ADDRESS			DATE OF BIRTH			OF BIRTH		Gender □ M □ F
TO REGISTER, LIST COURSES BELOW. SEE CATALOG OR VISIT WWW.SUNYULSTER.EDU FOR COURSE CODES, START DATES AND COURSE FEES.  OFFICE USE COURSE CODE COURSE TITLE COURSE START DATE COURSE FEE								
OFFICE USE	COURSE CODE		COURS	E IIILE			COURSE START DATE	COURSE FEE
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AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY COLLEGE TOTAL 5								
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		□ White □ Black / Afri □ Asian □ American II □ Native Haw Other Pacif □ Non-Reside Are you a Veterani □ Yes □ No Do you have a disa	□ Black / African American □ Asian □ American Indian / Alaska Native □ Native Hawaiian / Other Pacific Islander □ Non-Resident Alien  Are you a Veteran?		Kingston Center of SUNY Ulster 94 Mary's Avenue Kingston, NY 12401  RC Stone Ridge Campus 491 Cottekill Road Stone Ridge, NY 12484			
PATMENT DETAILS	- PLEASE PRINT							
cı		CREDIT CARD NUMBE	ER .					
		EXPIRATION DATE	CVC CODE					
CHECK / MONEY ORDERS PAYABLE TO UCCC.		CARDHOLDER NAME (AS IT APPEARS ON CARD)						
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