

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

| /  | /                |  |                  |                           |              |
|--|------------------|--|------------------|---------------------------|--------------|
| TODAY'S DATE   |                  |  |                  |                           |              |
| NAME - PLEASE PRINT  |                  |  |                  |                           |              |
| LACT   |                  | FIRST  |                  |                           |              |
| 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 ADDRES   | SS               | DATE OF BIRTH  |                  |                           |              |
| Gender □ M □ F   |                  |  |                  |                           |              |
| LIST BELOW COURSES YOU ARE REGISTERING FOR                     |                  |  |                  |                           |              |
| OFFICE USE   | SEE CATALOG OR V | /ISIT WWW.SUNYULSTER.EDU FOR COURSE C COURSE TITLE                           |                  | T DATES & C<br>START DATE | COURSE FEES. |
|  |                  |  |                  |                           |              |
|  |                  |  |                  |                           |              |
|  |                  |  |                  |                           |              |
|  |                  | OF THE STATE UNIVERSITY OF NEW YORK STIVE ACTION / EQUAL OPPORTUNITY COLLEGE |                  | TOTAL \$                  |              |
| PAYMENT METH   | ·                | ☐ Check ☐ Money Order  | ☐ Credit (       | Card                      |              |
| This information is voluntary Are you? (select all that apply) |                  |  |                  |                           | ES           |
| Are you Hispanic   | / Latino?        | □ White KSU  |                  |                           |              |
| ☐ Yes ☐ No<br>If Hispanic, your background                     |                  |  |                  | Kingston of SUNY          |              |
| (select one)   |                  | ☐ American Indian / Alaska Native 94 Mary                                    |                  | s Avenue                  |              |
| ☐ Central American   |                  | □ Native Hawaiian / Kingston, I Other Pacific Islander                       |                  | , NY 12401                |              |
| ☐ Mexican<br>☐ South American                                  |                  | □ Non-Resident Alien SRC   |                  |                           |              |
| Dominican  |                  | Are you a Veteran? Stone Ridge   |                  |                           |              |
| ☐ Puerto Rican☐ Other Hispanic / Latino                        |                  |  |                  | Stone Ric                 |              |
| Guner Hispanic / Latino  |                  | □ Yes □ No 12484   |                  |                           | 190,         |
|  |                  |  |                  |                           |              |
| PAYMENT DETAILS - PLEASE PRINT                                 |                  |  |                  |                           |              |
| □ Cash<br>□ Check  | _                | COEDIT CADO MILIMOED   |                  |                           |              |
|  |                  | CREDIT CARD NUMBER   |                  |                           |              |
| <ul><li>■ Money Order</li><li>■ MasterCard</li></ul>           |                  | EXPIRATION DATE CVC CODE   |                  |                           |              |
| ☐ Visa   |                  |  |                  |                           |              |
| ☐ Discover   | _                | CARDHOLDER NAME (AS IT APPEARS ON CARD)                                      |                  |                           |              |
| MAKE CHECK / MONEY ORDERS                                      |                  |  | DILLING 712 CODE |                           |              |
| PAYABLE TO SUNY ULSTER.  |                  | BILLING STREET ADDRESS   | В                | BILLING ZIP CODE          |              |