

Non-Degree Enrollment

Instructions:

Please type or print legibly when completing this form. Refer to sis.rit.edu to view the Schedule of Classes.

RIT promotes and values diversity and provides equal opportunity to all qualified individuals regardless of race, color, creed, age, marital status, gender, religion, sexual orientation, gender identity, gender expression, national origin, veteran status, or disability.

General Information

Request for Social Security Number

Your social security number is used to report your enrollment to the National Student Clearinghouse and other lenders. It is also used internally to award and disburse federal financial aid, and provide information to the IRS for Federal tax credit reporting.

Current or past RIT Affiliation/s: Faculty/Staff Student Alumni Other _____

Today's Date: _____ Registration Term: Fall Intersession Spring Summer

University ID Number: *(use social security number if first time at RIT)* _____

Name _____
 Last First Middle

Prior Name _____ Gender: M F Birth Date: ____/____/____
(mm/dd/yyyy)

Home Address *(RIT mail will be sent to this address)*

Number and Street _____
 City/State/Zip _____
 Province/Postal Code _____
 Country of Origin _____ State of Permanent Residence ____
 NYS State County of Permanent Residence _____

Contact Phone and E-mail Information

Day ____/____-____ Cell ____/____-____
 E-mail _____
(used to generate an RIT computer account)

Optional Information

If you wish to be identified with a particular ethnic or racial group, please indicate how you would describe yourself.

Ethnicity

- Hispanic or Latino
 Not Hispanic or Latino

Race (please select one or more)

- Asian
 American Indian or Alaska Native
 Black or African American
 Native Hawaiian or other Pacific Islander
 White

Degree Status

- Are you currently enrolled in a degree or certificate program at RIT? Yes No
- Have you applied to, or are you applying to an RIT program? Yes No
- If no, are you interested in pursuing a certificate or degree? Yes No
- Do you have a previous degree? If yes, list all degrees earned _____

Class Request

Some classes may require departmental approval and/or advising prior to registration.

Mail completed form to:
 RIT Registrar's Office
 27 Lomb Memorial Drive
 1202 Eastman Hall
 Rochester, NY
 14623-5603

Fax to:
 585/475-7005

Scan and e-mail to:
registrar@rit.edu

Please list preferred choices

CLASS NO.	SUBJECT	CATALOG	SECTION	UNITS	CLASS TITLE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

Please list alternate choices

1A. _____
 2A. _____
 3A. _____

Employer Information

Transcript Information

If you or a third party need a copy of your academic transcript, please complete an *Academic Transcript Request* form available on the web at rit.edu/registrar. In the left-hand column select Forms, then *Academic Transcript Request*.

Registrar's Office Use Only

9/12/2013

Date Received _____ Date Processed _____ Processed by _____

Distribution: *Please keep a copy for your records. Return original to the Registrar's Office.*