The College of Saint Rose

CITE Educational Administration registration form

All sections MUST be completed in order to be registered

SS# REQUIRED, STUDENTS WITH NO SS# ARE NOT ALLOWED TO ATTEND COURSES

☐ FALL ☐ SPRING ☐ SUMMER 20__ SOC. SEC. NO ___-__-____

LAST NAME FIRST NAME M.I.

STREET ADDRESS DATE OF BIRTH* ETHNICITY*

CITY STATE ZIP CODE

AREA CODE WORK PHONE AREA CODE HOME PHONE *SEE BACK PANEL

COURSES

Course PREFIX E D A Course NUMBER 5 4 7 CRN CREDITS 3

TITLE Internship - Part 2 INSTRUCTOR'S NAME

Course PREFIX Course NUMBER CRN CREDITS

TITLE INSTRUCTOR'S NAME

Course PREFIX Course NUMBER CRN CREDITS

TITLE INSTRUCTOR'S NAME

Course PREFIX Course NUMBER CRN CREDITS

TITLE INSTRUCTOR'S NAME

Course PREFIX Course NUMBER CRN CREDITS

TITLE INSTRUCTOR'S NAME

SIGNATURE▲

▲Your signature confirms acceptance of terms and policies detailed in your College of Saint Rose Student Manual.