

GRADUATE STUDIES

STATE UNIVERSITY OF NEW YORK COLLEGE AT GENESEO REGISTRATION REQUEST

Mail/Fax application with registration to:
Office of Graduate Studies, SUNY Geneseo, Erwin Hall 106
1 College Circle, Geneseo, NY 14454.
Fax: (585) 245-5032

Fall 20 _____
Summer 20 _____
Spring 20 _____

G-number LAST NAME FIRST NAME M.I.

TYPE OF STUDENT: ___ Matriculated; Program at Geneseo _____ Credits completed: _____
 ___ Non-Degree ___ Non-matriculated*

*NOTE: Non-matriculated students must complete the "Application for Graduate Non-matriculated Status" form. **Please attach a copy of your undergraduate transcripts from any institution of higher education attended other than Geneseo.** Refer to the online master schedule for registration instructions for Graduate Non-matriculated students.

HOME ADDRESS:

Street City State Zip Country

BUSINESS ADDRESS:

Name of Employer Street City State Zip Country

Home Phone Work Phone Email address

COURSE SELECTION

CRN	SUBJ CRSE NUM	TITLE	DAY/TIME	CREDS

ACKNOWLEDGMENT STATEMENT - All students must complete this section:

I attest to the accuracy of the information I have provided. I have read and understand the registration and financial information as set forth online Graduate Guide (https://www.geneseo.edu/apca/graduate_studies). All course drops/withdrawals must be in writing. Please refer to the Drop/Add, Withdrawal and Refund Policies and Deadlines on the Academic Calendar.

Signature: _____

Date: _____