

# Alfred University

## PART-TIME REGISTRATION FORM

AU ID No. \_\_\_\_\_  
(If one has been assigned)

Date \_\_\_\_\_

Name \_\_\_\_\_ / \_\_\_\_\_

Chosen Name \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Maiden/Former

Have you ever attended Alfred University?  Yes  Graduate  Undergraduate  
 No

Are you applying for Tuition Remission?  Yes – I am an eligible AU employee or dependent  
 No

**NOTE: If the answer to BOTH of the above questions is “No”, complete the “New Record Only” section, below.**

Do you receive employer reimbursement?  Yes  No

If Yes, Employer: \_\_\_\_\_

Are you now in a degree program at AU?  Yes: AU College/School \_\_\_\_\_ Major/Program \_\_\_\_\_  
 No – I am not a degree-seeking student at Alfred University

Do you have a bachelor’s degree?  Yes, from: College/University \_\_\_\_\_ Mo/Yr \_\_\_\_\_  
 No

Course and Section Information				Course Title	Credit Hours	Instructor
CRN	Subject	Course No.	Sec. No.			

\_\_\_\_\_  
 Advisor’s Signature  
(Required for ALL undergraduates in a program leading to an AU degree)

\_\_\_\_\_  
 Signature of Student

**New Record Only**

Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
MM/DD/YYYY

Predominant Racial/Ethnic Identification: (Optional)  American Indian/Alaskan Native  Asian/Pacific islander  
 Black/Non-Hispanic  Hispanic  White/Non-Hispanic  Multi-Ethnic Background  Other

Citizenship:  U.S. Citizen  Permanent Resident of the U.S.  Non-Resident Alien

Permanent Address and Telephone:

\_\_\_\_\_ No. and Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Area Code/Phone

Emergency Contact: \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_ Area Code/Phone \_\_\_\_\_

**Mail, fax, or bring this completed registration form to:  
 Student Service Center, Saxon Drive, Alfred, NY 14802 – Telephone: (607) 871-2123 – Fax: (607) 871-2347**