



NEW YORK INSTITUTE OF TECHNOLOGY

■ REGISTRATION FORM

Name: _____

Student ID#: _____

Address: _____

Major: _____ Specialization: _____

Date of Birth: _____

City: _____

Campus: Old Westbury Manhattan

State: _____ Zip: _____

Central Islip Online

Telephone #: _____

Other _____

TERM	CRSE ID #	COURSE AND NUMBER	SECTION	DAYS	TIME	CR

IMPORTANT INFORMATION TO FACULTY ADVISORS:

To add a student to a closed section, waive pre-requisite, approve registration after add/drop time period, or waive a course conflict, please see Authorization for Registration on the reverse side.

I understand that by authorizing a registration, and or dropping or withdrawing from the courses that I have registered for during this semester, I agree to be charged in accordance with the published schedule of charges set forth in the college catalog with respect to payment of tuition, fees, refunds, the dropping and adding courses and the withdrawal policy procedures that are also available online at www.nyit.edu. I agree to be bound by this registration form and abide by the rules and regulations published in the current catalog. I agree to pay my debt to NYIT for any amounts due for tuition and fees and other charges. In the event that all charges are not paid when due, I agree to pay NYIT all of the costs associated with the collection of my delinquent account, which includes the payment to NYIT of the principal sums due, plus all costs, which may also include, but are not limited to collection agency fees constituting 33% of the principal balance due if NYIT engages a collection agency to secure payment, or legal fees constituting 50% of the principal balance due, if NYIT engages legal counsel to secure payment, plus any and all interest on the outstanding balance at the maximum legal rate allowed by law, and any and all other costs that will be associated with the collection of the delinquent amounts. All collection matters shall be governed by New York law; the courts of New York shall have exclusive jurisdiction in these matters.

Advisor's Signature

Date

Student's Signature

Date

Name: _____

**COMPLETE ONLY IF YOUR LOCAL OR BILLING ADDRESS IS DIFFERENT THAN YOUR HOME ADDRESS
(ADDRESS PRINTED ON REVERSE SIDE OF FORM)**

Local address—This is your address while attending NYIT

Street address: _____

City: _____ State: _____ ZIP + 4: _____

Local phone: _____

Billing address—your bills/refunds will be sent to this address

Street address: _____

City: _____ State: _____ ZIP + 4: _____

Billing phone: _____

Do you know your NYIT email user name and password? Yes No

Do you plan to graduate this academic year? Yes No

Do you hold a student visa (F-1)? Yes No

ADMIT STATUS (Check one)

- Freshman Readmitted Graduate
 Transfer Continuing Non-Degree

ETHNICITY/RACE (Optional)

- White, Non-Hispanic Black, Non-Hispanic
 Hispanic Asian/Pacific Islander
 Alaskan Native American Indian

AUTHORIZATION FOR REGISTRATION

Course Name and Number	Permission To (Use A, B, C or D)	Explanation (Why this is being permitted)	Signature of Instructor	Date

- A. Add a student to closed course.
B. Waive a pre-requisite
C. Enter class after Add/Drop period has ended. (Please explain how the missing work will be made-up.)
D. Permission to waive courses conflict.