



NEW YORK INSTITUTE OF TECHNOLOGY

■ REGISTRATION FORM

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_

Major: \_\_\_\_\_ Specialization: \_\_\_\_\_

City: \_\_\_\_\_

Date of birth: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Campus:  Old Westbury  Manhattan

Telephone#: \_\_\_\_\_

Central Islip  Online

Other \_\_\_\_\_

TERM	COURSE ID #	COURSE AND NUMBER	SECTION	DAYS	TIME	CR

**IMPORTANT INFORMATION TO FACULTY ADVISORS:**

To add a student to a closed section, waive prerequisites, 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](http://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 percent of the principal balance due if NYIT engages a collection agency to secure payment, or legal fees constituting 50 percent 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

(over) ➡

## AUTHORIZATION FOR REGISTRATION

Name: \_\_\_\_\_

### COMPLETE ADDRESS INFORMATION SECTION ONLY IF YOUR LOCAL OR BILLING ADDRESS IS DIFFERENT THAN YOUR HOME ADDRESS PRINTED ON REVERSE SIDE OF THIS FORM

#### Local address (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 (F-1) visa?  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, or C)	Explanation (Why this is being permitted)	Signature of Instructor	Date
A. Add a student to closed course B. Waive a prerequisite C. Waive courses conflict				