

Registration Form

100 Seymour Road, Utica, New York 13502

NAME _____ Date _____
Last First M.I.

Year: 20_____

☐ Fall ☐ Spring ☐ Summer

SUNY Poly ID# _____ Program/Major _____

Level of Study: ☐ Undergraduate☐ Graduate☐ Non-degree Student

General Instructions/Information

Please enter **CRN** clearly and correctly. Students attempting to register for a **CLOSED COURSE**, a course requiring **SPECIAL PERMISSION**, or an **ACADEMIC OVERLOAD** must obtain permission prior to registration. Students wishing to register as an **UNDERGRADUATE** taking a **GRADUATE** course or for an **INDEPENDENT STUDY** must submit the appropriate forms.

Sample Course Request

CRN	SUBJ	CRSE#	SEC	CRED	DAY	TIME
1063	ACC	301	12	4	M	6:30 - 10:00 pm

CRN	SUBJ	CRSE#	SEC	CRED	DAY	TIME	BLDG	ROOM

Total Credits Registered For:

Alternate Course Selection(s)

☐ Processed

INT: _____

Date: _____

Distribution: White - Registrar, Yellow - Student

Rev. 3/16

Signature of Instructor or Academic Official (if required) _____