



Office of the Registrar

845-398-4300

Undergraduate Registration Form

CHECK ONE: [ ] FALL [ ] WINTER [ ] SPRING [ ] SUMMER YEAR: \_\_\_\_\_

COMPLETED CREDITS: [ ] 0-29 [ ] 30-59 [ ] 60-89 [ ] 90+

Is this your first course taken at STAC? [ ] Yes [ ] No If Yes, Date of Birth: \_\_\_\_\_

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

Name: \_\_\_\_\_ [ ] Male [ ] Female

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

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

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Major: \_\_\_\_\_ Advisor: \_\_\_\_\_

Minor: \_\_\_\_\_

Table with 5 columns: CRN, COURSE, COURSE TITLE, SECTION, DAY & HOUR. Contains 5 empty rows.

Approved Alternate Courses

Table with 5 columns: CRN, COURSE, COURSE TITLE, SECTION, DAY & HOUR. Contains 4 empty rows.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Access Code
Office Use Only