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## Office of the Registrar

## UNDERGRADUATE REGISTRATION FORM

PLEASE PRINT						
Check One:	☐ Fall	□ Spring	☐ Summer	☐ Winter	Year	
Completed Credit	s: 0-29			□ 90+		
Is this your first co	ourse taken at S	TAC? \( \subseteq \text{Yes} \)	□ No			
Student ID Numbe	er:		Date of 1	Birth/	/	
Name:	Lact		First	M.I.		
Home Address				141.1.		
City						
Home Telephone			Work Tele	Work Telephone		
Cell Phone			Email Ad	Email Address		
☐ Male ☐	] Female					
Major			Advisor	Advisor		
CRN	1	COURSE		COURSE TITLE	DAY & HOUR	
Approved Alterna	ate Courses					
			R	Registration Access Code		
Student's SignatureDate: _			:	OFFICE USE ONLY		
Advisor's SignatureDate:			:			