

Winter Session 2009/2010

VISITING/PERSONAL ENRICHMENT

Student Application & Registration Form

C.W. POST CAMPUS • LONG ISLAND UNIVERSITY

For Office Use

Social Security Number _____ - _____ - _____ Sex M F Date of Birth _____ - _____ - _____
MM DD YYYY

Last Name _____ First Name _____ M.I. _____

Address _____

City _____ State _____ ZIP _____ County _____

Home Phone Number () _____ Cell Phone Number () _____

Citizenship _____ E-mail Address _____

Student Status
(Please check)

<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	<input type="checkbox"/> Visiting* <input type="checkbox"/> Personal** <small>Enrichment</small>
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* **Visiting:** A student working toward a degree at another college or university.
 ** **Personal Enrichment:** A student not seeking a degree.

Are you currently a C.W. Post student? YES NO If yes, see your academic advisor. If no, contact the Winter Session Office

Are you currently a Brentwood Campus student? YES NO

Have you previously applied to C.W. Post? YES NO If yes, when? Semester _____ Year _____

Do you hold a baccalaureate degree? YES NO Master's degree? YES NO

Is this your first time enrolling at C.W. Post? YES NO If no, indicate last date of attendance _____

LIST EVERY HIGH SCHOOL, COLLEGE, UNIVERSITY AND OTHER POST SECONDARY SCHOOL YOU HAVE ATTENDED

School/College	City/State	From	To	Degree (s)

REGISTRATION FORM

REG. USE ONLY	SESSION	CLASS NBR	COURSE NUMBER (As listed in Schedule)	CREDIT HOURS	AUDIT†
			DISCIPLINE COURSE SECTION		
1	C10				
2	C10				

† **Audit:** Check this box if you choose not to take the class for credit. Student will not earn degree-bearing credits. Class cannot be applied toward a degree.

I understand that my enrollment in the Winter Session in no way implies matriculated status in a degree program, and if I wish to continue taking courses beyond this session, I must submit a regular application for admission and supply supporting documentation. In addition, I acknowledge that it is my responsibility to work with my academic advisor from my home institution to ensure that the class I am taking fits within my program of study and that the credits will transfer accordingly.

Student's Signature _____ Date _____

C.W. POST CAMPUS



Only one person may register on this form. Additional forms may be copied. Your registration will not be accepted without your Social Security Number. Please forward this completed form to the WINTER SESSION OFFICE, Winnick House Administration Building, Room 210, C.W. Post Campus, Long Island University, 720 Northern Blvd., Brookville, N.Y. 11548-1300, phone: 516-299-2431 or fax to: 516-299-3939.