



# Winter Session/Summer Session

## Undergraduate Visiting Student Registration Form

- Completed forms may be sent by fax to (516) 299-2137, by e-mail (scanned copy) to [post-enroll@liu.edu](mailto:post-enroll@liu.edu) or by mail to:

LIU Post  
Admissions Office  
720 Northern Blvd.  
Brookville, NY 11548-1300  
(516) 299-2900

- Visiting students who submit this application will be registered and billed for courses indicated below. Tuition liability/refunds will follow the published rates available at [www.liu.edu/post/liabilitypolicy](http://www.liu.edu/post/liabilitypolicy).

I am applying as a visiting student for  Winter Session  Summer Session

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender  M  F

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Mobile Phone ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Have you previously attended LIU Post?  Yes  No

### Educational Background

College or University \_\_\_\_\_ City/State \_\_\_\_\_ From (m/yr) \_\_\_\_\_ To (m/yr) \_\_\_\_\_ Degree(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Courses to be taken at LIU Post\*

Reg. Use Only	Class ID#	Course	Section	Credits	P/F or Audit

**NOTE:** If course requires a prerequisite, attach an unofficial copy of college transcript. Registration will not be processed without confirmation of prerequisites.

## Previous Dismissal or Suspension

Have you ever been disciplined for misconduct, suspended, expelled or required to withdraw from any secondary or post-secondary educational institution? If yes, please explain on a separate sheet.  Yes  No

Have you been convicted of a felony? If yes, please explain on a separate sheet.  Yes  No

### CERTIFICATION FOR STUDENTS ENROLLED IN OTHER INSTITUTIONS OF HIGHER EDUCATION (REQUIRED)

This is to certify that \_\_\_\_\_ is in good standing at \_\_\_\_\_  
(Student Name) (Name of Institution)

and has permission to register for the courses listed.

\_\_\_\_\_  
(Signature of Dean/Registrar)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

## Your Signature

I certify that all information provided is accurate and complete. I further understand that LIU Post reserves the right to amend or rescind any acceptance if it is discovered that I have withheld or falsified any information.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)