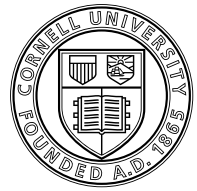


- Spring 20__
- Fall 20__
- Winter 20__
- EDP Participant

School of Continuing Education and Summer Sessions
 B20 Day Hall, Ithaca, NY 14853-2801 • 607 255-4987 • 607 255-9697 (fax)
 cusce@cornell.edu • www.sce.cornell.edu



Registration Form for Extramural Study and Winter Session

Please refer to the Extramural Study/Winter Session Web sites before registering. You are responsible for complying with registration policies and deadlines. We recommend that you make a copy of this form for your records. (This form is not for Visitors' Program registrants.)

Social Security Number: -- Cornell Identification Number: _____

Name: _____ Birthdate: _____ Female Male
last first middle month day year

Local/campus address: _____
street/department and building city state zip telephone

Permanent mailing address: _____
(where grades are sent) street city state zip telephone

E-mail/NET ID: _____ Country of citizenship: _____ Visa type (if applicable:) _____

Have you **ever** registered for classes at Cornell? yes no Name under which you last registered, if different from above: _____

Emergency contact: _____
name relationship to you

Emergency contact's address: _____
street city state zip telephone

Course I.D. #	Dept./Course #	Course Title	# of Credits	Grade Option	Instructor's Signature*	Registrar's Signature**
<input type="text"/>	_____	_____	_____	_____	_____	_____
<input type="text"/>	_____	_____	_____	_____	_____	_____
<input type="text"/>	_____	_____	_____	_____	_____	_____
<input type="text"/>	_____	_____	_____	_____	_____	_____

* Arts and Sciences requires only the department's stamp. All other colleges require either the instructor's or the department's signature.
 ** Required only for courses in the School of Hotel Administration (the registrar's office is in 180 Statler Hall), the College of Human Ecology (149 Martha Van Rensselaer Hall), the Law School (161 Myron Taylor Hall), and the Johnson Graduate School of Management (106 Sage Hall).
 Employees taking courses at the 500-level or above offered by the College of Veterinary Medicine must complete a special form (available from the college registrar, S2009 Schurman Hall). The completed form must accompany this form when presented at registration.

I understand that failure to read the Extramural Study/Winter Session Web sites (accessible from www.sce.cornell.edu) does not excuse me from complying with the policies described on them. I also understand that illness or other personal reasons are not acceptable grounds for seeking exemptions from these policies.

Date: _____ Signature: _____

For Cornell employees only

If you are an employee, this section must be completed by your supervisor and department head.

Employee's job title: _____ College or division: _____

- Statutory employee
- Endowed employee
- Regular full-time employee
- Regular part-time employee
- Employee on layoff status*
- Retired employee*

This information is requested for IRS reporting purposes only. (Enrollment in courses through Extramural Study may have tax implications. Staff members should consult with the University Human Resource Services or their tax adviser.)
 This course serves to maintain or improve current job skills.
 This course does not serve to maintain or improve current job skills.

* To be completed by the Manager of Life and Educational Plans, 130 Day Hall.

Date: _____ Supervisor's signature: _____

Date: _____ Department head's signature: _____