SUNY INSTITUTE OF TECHNOLOGY REGISTRATION FORM

NAME _____ Date _____
Last First M.I.

Year: 20_____

❑ Fall ❑ Spring ❑ Summer

SUNY ID# _____ Program/Major _____

Level of Study: ❑ Undergraduate ❑ Graduate

❑ Non-degree Student

General Instructions/Information

Please enter **CRN** clearly and correctly. Students attempting to register for a **CLOSED COURSE**, a course requiring **SPECIAL PERMISSION**, or an **ACADEMIC OVERLOAD** must obtain permission prior to registration. Students wishing to register as an **UNDERGRADUATE** taking a **GRADUATE** course or for an **INDEPENDENT STUDY** must submit the appropriate forms.

Sample Course Request

CRN	SUBJ	CRSE#	SEC	CRED	DAY	TIME
1063	*ACC*	*301*	*12*	*4*	*M*	*6:30 - 10:00 pm*

CRN	SUBJ	CRSE#	SEC	CRED	DAY	TIME	BLDG	ROOM

Total Credits Registered For: _____

Alternate Course Selection(s)

❑ Processed
INT: _____
Date: _____

Distribution: *White - Registrar, Yellow - Student*

Rev. 5/10

Signature of Instructor or Academic Official (if required) _____