## The College of Saint Rose

CITE Educational Administration registration form All sec				T be completed in order to be registere udents with no ss# are not allowed to attend courses
FALL	SPRING	SUMMER 20	SOC. SEC. NO	
LAST NAME			FIRST NAME	M.I.
STREET ADDR	ESS		DA	ATE OF BIRTH* ETHNICITY
CITY			STATE	ZIP CODE
				100000
AREA CODE	WORK PHONE	AREA CODE I	HOME PHONE	*SEE BACK PANEL
			COURSES	
Course PREFIX	Course NUMBER	CRN CRN	CREDITS	
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▲ Your signature confirms acceptance of terms and policies detailed in your College of Saint Rose Student Manual.