

**A**

# Course Registration Form—Spring 2010

- ☛ Please complete this page and Section D, E or F as applicable.
- ☛ Refer to pages Pkt 2 and 4 for instructions on completing registration forms.
- ☛ Fax: forms to **315-443-3255**
- ☛ Allow 5-7 business days for processing mail or fax registrations.

Mail your completed registration and payment option forms, as well as any necessary payments to:  
**Syracuse University Cash Operations**  
**102 Archbold North, Syracuse, NY 13244-1140**

|   |         |   |                              |   |   |  |                        |  |                              |                               |                    |
|---|---------|---|------------------------------|---|---|--|------------------------|--|------------------------------|-------------------------------|--------------------|
| Last Name   |         | First Name  |                              | Initial   | SU I.D. Number                                |  | Social Security Number |  | Date of Birth<br>MO. DAY YR. |                               | M-Male<br>F-Female |
| <b>Ethnicity (optional)</b><br>Enter Number   |         | 1-African American<br>2-American Indian<br>3-Asian/Pacific<br>4-Puerto Rican  |                              | 5-Mexican<br>6-Latin American<br>7-Caucasian<br>8-Other Ethnicity |   | <b>Citizenship Code</b><br>Enter Number  |                        | 1-U.S. Citizen<br>2-Noncitizen Resident (Permanent Resident)<br>3-Nonresident Alien (Temporary Visa) |                              | Country (If Not U.S. Citizen) |                    |
| <input type="checkbox"/> UNDERGRADUATE student<br><input type="checkbox"/> GRADUATE student |         | Are you admitted to an SU degree program? <input type="checkbox"/> No<br><input type="checkbox"/> Yes, _____<br>Name of program |                              |   |   | Do you have a bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Name of institution where degree was earned |                        |  |                              |                               |                    |
| Local Address (if different from permanent address)   |         |   |                              |   | City  |  | State                  | Zip Code   | Cell Phone                   |                               |                    |
| Permanent Address   |         |   |                              |   | City  |  | State                  | Zip Code   | Permanent Phone              |                               |                    |
| <input type="checkbox"/> Check if this is new address                                       |         |   |                              |   |   |  |                        |  |                              |                               |                    |
| Name of Employer (Complete Section F if employer offers tuition reimbursement)              |         |   |                              |   | Personal E-mail: (required for online course) |  |                        |  | Business Telephone:          |                               |                    |
|   |         |   |                              |   | Business E-mail:                              |  |                        |  |                              |                               |                    |
| Dept. Prefix & Course No.   | Section | Five-Digit Class No.  | # of Credits<br>G   UG   AU* | Non-Credit  | Title   | Instructor   | Fees                   | Tuition  |                              |                               |                    |
|   |         |   |                              |   |   |  |                        |  |                              |                               |                    |
|   |         |   |                              |   |   |  |                        |  |                              |                               |                    |
|   |         |   |                              |   |   |  |                        |  |                              |                               |                    |

\* To audit a course, or elect pass/fail grading option, permission of the instructor on a Grade Option Selection form is required and must be submitted by the audit and pass/fail deadline of the term.

**OR: I REGISTERED VIA THE WEB ON (DATE) \_\_\_\_\_ (please complete name and address information above)**

## Payment Information—Spring 2010

**B** All walk-in, fax, or mail registrants must **COMPLETE AND SIGN THIS FORM**. All students are required to make satisfactory payment arrangements at the time of registration. Any registrations not accompanied by the proper PAYMENT OPTION paperwork (see Sections D, E or F), and any required down payment **will not be processed**.

Student Name (please print) \_\_\_\_\_

- Payment Options:  Cash  Check  Credit Card
- Payment in Full:** requires payment with registration.
  - Student Deferred Tuition Plan (SDTP):** requires 25 percent down and **Section E**. Balance due in three monthly installments: February, March, and April.
  - Employer Tuition Reimbursement Plan (ETP):** requires **Section F**.
  - Direct Bill:** requires your company or sponsoring agency's official authorization form. Co/Sponsor name: \_\_\_\_\_
  - Veteran's Post-9/11 GI Bill Benefit.**
  - Remitted Tuition/Graduate Award Recipient/Sponsored Students:** requires **Section D**.
  - Dependency Benefit:** requires **Section D**.
  - Anticipated Financial Aid Recipient:** requires Promissory Note, **Section E** and additional arrangements for any charges not covered by financial aid. Only aid posted as anticipated in the SU Student Administrative System will be considered.

**Intent to register: Each of the undersigned understands that the University fees and charges are due before confirmation of registration each semester, and each of them agrees to pay or make arrangements for payment suitable to the University of all fees and charges during applicant's entire attendance at the University.**

\_\_\_\_\_  
Signature of person financially responsible Date

\_\_\_\_\_  
Signature of student Date

**MUST BE SIGNED FOR REGISTRATION TO BE PROCESSED!**

SU accepts online credit card payments (MasterCard, American Express, Discover) at <http://MySlice.syr.edu>. Direct debit (checking or savings) is also accepted at this site. SU I.D. and PIN required.

Total amount enclosed \$ \_\_\_\_\_

### MAIL OR FAX REGISTRATIONS ONLY

Credit card Information:  VISA  MasterCard

Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

WEB 10/09

Cardholder's name \_\_\_\_\_  
(as it appears on card—please print)

Cardholder's signature \_\_\_\_\_

# Syracuse University/University College Course Registration Form—Spring 2010

## SU Tuition Benefits—Spring 2010

**D Anyone using SU Tuition Benefits must complete this section every semester of registration.**

*Note: Students with remitted benefits who register via the web must pay course, lab, and late registration fees, where applicable, within 7 business days of registering. All others with remitted tuition benefits must pay at the time of registration.*

Student Name (Last, First, M.I.) \_\_\_\_\_

SU I.D. Number \_\_\_\_\_

Date \_\_\_\_\_

I hereby agree that if it is determined I am ineligible for tuition benefits, I will pay all charges and fees incurred for the credits registered for.

The undersigned shall promptly notify the University in writing of any change of address.

I intend any facsimile of my signature on the promissory note as printed by Syracuse University's receiving facsimile machine to be equal to and enforceable as my original signature and that such a facsimile copy of this promissory note be deemed a counterpart to the original promissory note and, therefore, enforceable in court or other tribunal.

Student's Signature \_\_\_\_\_

I enrolled by web; on: \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

I am (choose one):

A Graduate Student Receiving a Graduate Award  
Sponsoring College \_\_\_\_\_

An SU Employee Dept. \_\_\_\_\_ Ext. \_\_\_\_\_

A spouse of an  SU employee or  graduate assistant (check one)  
(Must complete Section G)

Employee Name \_\_\_\_\_ SS# \_\_\_\_\_

Employee Dept. \_\_\_\_\_ Ext. \_\_\_\_\_

The dependent of an SU faculty/staff member who has applied for dependency benefit.  
Only matriculated students are eligible.

An outside agency employee awarded **SU tuition credits** for supervising SU students.  
Name of Agency: \_\_\_\_\_ Credits Awarded \_\_\_\_\_

## Payment Promissory Note for UC Students—Spring 2010

**E Complete this section if applying for Student Deferred Tuition Plan or Financial Aid.**

I am applying for:

**Student Deferred Tuition Plan (SDTP)—25% of all tuition and fees is due NOW.  
Balance is due in 3 installments: February, March, and April as invoiced.**

**Financial Aid—any charges above anticipated aid require additional payment arrangements NOW. See box below.**

Please Print

SU I.D. Number \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST M.I.

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Phone \_\_\_\_\_

|  |   |
|--|---|
| <p><b>Tuition Only</b> _____</p> <p><b>Course Fees</b> _____</p> <p><b>Total Due</b> _____</p> <p><b>Anticipated Aid</b> _____</p> <p><b>SDTP Down Payment</b> _____ <b>(25% DUE NOW)</b></p> <p><i>Note: Students whose financial aid will not cover charges in full, must sign up for the SDTP plan and pay 25% of the difference, or pay the difference in full, at the time of registration.</i></p> <p><b>Balance Due</b> _____</p> | <p><b>FOR OFFICE USE ONLY</b></p> <p>Grants: _____</p> <p>Loans: _____</p> <p>Credit Balance: _____</p> <p>Total: _____</p> |
|--|---|

In consideration for Syracuse University (the "University") permitting the Student to register and attend classes at the University without the University receiving full payment of Student's tuition, room, board and other charges, the Student and/or the Guarantor (referred to individually and collectively as "Obligor"), promises to pay to the order of the University the sum stated as 'amount due' by the 'due date' as stated on the University invoice or invoices (the "Note"). If full payment is not made by the 'due date', the Obligor shall pay a late fee. When the unpaid balance is \$499.99 or less, the late fee is \$65; when \$500 or more, the late fee is \$100.

In the event that the Obligor does not pay any invoice within 10 days after the invoice is due, the University may declare the entire outstanding balance of this Note immediately due and payable in full. Until all amounts due and owing on this Note are paid in full, the University may withhold the student's grades, transcripts, and/or diploma, and prohibit the Student from registering for any subsequent periods. If full payment is not made within 45 days from the initial invoice 'due date', the University may also cancel the Student's current and future registration, remove or bar the student from attending classes and retain all monies received.

In the event of any default on this Note, the University may set-off against sums outstanding on the Note all sums, deposits, credits, or other property belonging to the undersigned that may be in, or thereafter come into, its possession or control.

In the event that legal proceedings are commenced, the Obligor agrees that legal action may be brought on this Note in the State of New York with venue in a court of appropriate jurisdiction in Onondaga County and that the Obligor shall be personally subject to the jurisdiction of that court.

In the event of default, the Obligor shall pay on demand all costs of collection incurred by the University in connection with enforcement and collection of this Note, including reasonable attorneys' fees and disbursements.

The Obligor waives demand for payment, presentment, and all notices in connection with this Note, including, but not limited to, notice of dishonor and protest.

The Obligor intends any facsimile of his/her signature on this Note as printed by University's receiving facsimile machine to be equal to and enforceable as his/her original signature and that such a facsimile copy of this Note be deemed a counterpart to the original Note and, therefore, enforceable in court or other tribunal.

X

\_\_\_\_\_  
Signature of Person Financially Responsible

**NOTE: PLEASE KEEP A COPY OF THE PROMISSORY NOTE FOR YOUR RECORDS.**

# F Employer Tuition Reimbursement Plan Application

## Payment Option for UC Students

Complete this section if your employer reimburses YOU for tuition expenses.

If your employer wants to be billed directly by SU, submit a direct bill voucher—DO NOT complete this form.

### Spring 2010 Tuition Due: June 15, 2010

Any SU student enrolled through UC who is using tuition reimbursement from their employer may be eligible to participate in this program. The program is offered only to students registered for courses held during the regular semester schedule. This option does not apply to the full-year ISDP Programs (M.A. and M.S.Sc) or noncredit programs.

Continued participation in the Employer Tuition Reimbursement Plan is contingent upon a satisfactory payment history. Syracuse University reserves the right to deny continued participation to anyone who has not complied previously with the terms of the program.

### Program Policies

• Eligibility, as well as continued participation in the program, is contingent upon a satisfactory payment history. SU reserves the right to deny continued participation to anyone who has not complied with the terms of the promissory note. You, not your employer, are responsible for payment of your tuition by the date it is due.

- You must complete the application and promissory note below to be eligible for deferment.
- Your employer must sign this application in the space provided, verifying your eligibility for reimbursement. Letters from employers will not be accepted.
- This signed application must be presented to the Bursar/Registration Office with your mail, fax or in-person registration. Students who register via the web, must present the application within 7 business days of registering.

### Please note: You are responsible for payment of your tuition by the date it is due.

Late charges will accrue on your student account if payment is not made by the due date. *Non-reimbursement to you by your employer by the date tuition is due is not an exception to this policy nor is non-receipt of a grade.* Tuition is charged for the course, not for a grade. You, not your employer, are responsible for paying your tuition on time.

Because each employer has specific policies and time lines for reimbursing their employees, we are unable to grant

extensions to the due date. We are unable to manage the program under such diverse schedules.

- The deferment is applied to your tuition only.
- You will be billed at the end of the term. The deferment period ends on the invoice due date. Invoices not received by the student due to incorrect or incomplete addresses will not constitute an exception to the due date. It is the student's responsibility to update his/her address with the Bursar/Registration Office.
- The deferment does not reduce your debt, it simply allows you to postpone payment of your tuition until after the semester.
- If for any reason you become ineligible for reimbursement by your employer, you must contact the UC Bursar and Registration Office at 315-443-4135 immediately.
- If, during the deferment period, there are payments made to your student account from any source (e.g., student loans, etc.) or you initially registered with a down payment, these payments will be applied to your unpaid tuition. These funds will not be refunded until your tuition has been paid in full.

## Verification for Employer Tuition Reimbursement

### Spring 2010

Date \_\_\_\_\_

Student Name \_\_\_\_\_ SU I.D.# \_\_\_\_\_

Permanent Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Permanent Phone \_\_\_\_\_

No. of credits for which you plan to enroll: \_\_\_\_\_ Undergraduate \_\_\_\_\_ Graduate

Company Name \_\_\_\_\_

Company Representative's Name \_\_\_\_\_

Company Address \_\_\_\_\_

Company Representative's Phone No. \_\_\_\_\_

Signatures:

\_\_\_\_\_  
Company Representative's Signature

\_\_\_\_\_  
Student's Signature

I understand that, as the student, I am responsible for payment of my tuition even if I do not receive reimbursement from my employer for any reason by the tuition deadline.

I intend any facsimile of my signature on the promissory note as printed by Syracuse University's receiving facsimile machine to be equal to and enforceable as my original signature and that such a facsimile copy of this promissory note be deemed a counterpart to the original promissory note and, therefore, enforceable in court or other tribunal. (Return completed form with your registration.)

## Employer Tuition Reimbursement Plan Promissory Note

### Tuition Due Date: June 15, 2010

Please Print

SU I.D.# \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST M.I.

I enrolled by web; on: \_\_\_\_\_  
Date (MM/DD/YY)

In consideration for Syracuse University (the "University") permitting the Student to register and attend classes at the University without the University receiving full payment of Student's tuition, room, board and other charges, the Student and/or the Guarantor (referred to individually and collectively as "Obligor"), promises to pay to the order of the University the sum stated as 'amount due' by the 'due date' as stated on the University invoice or invoices (the "Note"). If full payment is not made by the 'due date', the Obligor shall pay a late fee. When the unpaid balance is \$499.99 or less, the late fee is \$65; when \$500 or more, the late fee is \$100.

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|              |               |
|--------------|---------------|
| Tuition Only | _____         |
| Course Fees  | _____         |
| Total Due    | _____         |
| Balance Due  | _____         |
| Date Due     | June 15, 2010 |

**Student:**  
Keep a copy of this promissory note for your records.

X

Student's Signature