

State University of New York
State College of Optometry
SUMMER 2016 REGISTRATION FORM

(Please Print)

Please indicate your country of Exchange Program:

AUSTRALIA CHINA FRANCE SOUTH AFRICA

Term of Registration:

Summer 2016

STUDENT INFORMATION

First name:

Last Name:

Middle:

Suffix:

Gender:

F M

Birth date:

/ /

Email address:

CURRENT ADDRESS

(All mail will be sent to this address)

Street address:

Apt. #:

City:

State:

Zip Code:

NYS County:

Cell Phone:

Current Home Telephone:

IN CASE OF EMERGENCY

Name:

Relationship:

Phone number:

Street Address:

Apt. #:

City:

State:

Zip Code:

*****Any changes in the information on this form are to be reported immediately to Office for Student Affairs.**

I affirm the above information is true and correct.

Student signature:

Date: