

**GRADUATE WALK-IN REGISTRATION FORM**

Graduate Studies ▪ Nazareth College ▪ 4245 East Avenue ▪ Rochester NY 14618  
Smyth Hall Room 1 ▪ Phone: 585-389-2815 ▪ Fax: 585-389-2612 ▪ Email: gradservices@naz.edu

**Complete the information below and return this form in person, by mail, fax or email.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Status:  Matriculated Student  Professional Educator\*  
 Term:  Fall  Spring  Summer Year \_\_\_\_\_ Nazareth ID# (or Soc. Sec. #): \_\_\_\_\_  New Student\*  Non-Matriculated Student\*  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**For federal reporting purposes:** Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  Male  Female

1. What is your ethnicity?  Hispanic or Latino  Not Hispanic or Latino
2. What is your race? Mark one or more races to indicate what you consider yourself to be.  
 White  Black or African American  Asian  American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature (*\*required for new, professional educator & non-matric students*)

\_\_\_\_\_  
Date

Please enter your preferred and alternate course selections below. If your preferred course(s)/section(s) are closed at the time of your registration, alternate course(s)/sections(s) will be placed on your schedule when available. In the event that both preferred and alternate course(s)/selection(s) are closed, a Graduate Student Services representative will build a "new" comparable schedule based on the information you provided.

**OFFICE USE ONLY**

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_

**Preferred Course Selections**

Course Number (ex: EDU 501 30)	Credits
<b>Total Credits→</b>	

**Alternate Course Selections**

Course Number (ex: EDU 501 30)	Credits
<b>Total Credits→</b>	

**Billing information is accessible via NazNet.**