

To view class schedules and availability:

- Go to <https://rit.edu/infocenter>
- Go under PUBLIC CLASS SEARCH & click SIS CLASS SEARCH
- Select TERM & complete CLASS SEARCH CRITERIA
- Under Additional Search Criteria, be sure to select RIT MAIN for Campus

* It is highly recommended to use the COURSE TITLE KEYWORD to search for classes (Ethics, Psychology, Writing, etc...)

RIT promotes and values diversity and provides equal opportunity to all qualified individuals regardless of race, color, creed, age, marital status, gender, religion, sexual orientation, gender identity, gender expression, national origin, veteran status, or disability.

General Information

Today's Date: _____ Registration Term: ☐ Fall ☐ Spring ☐ Summer

RIT Student ID # (9 digits): _____

** Required if previously taken course at RIT - if first time registering, RIT will contact you to obtain SS # (DO NOT COMPLETE)*

Request for Social Security #: Your social security number is used to report your enrollment to the National Student Clearinghouse and other lenders. It is also used internally to award and disburse federal financial aid, and provide information to the IRS for Federal tax credit reporting.

Name _____
Last First Middle

Gender: ☐ M ☐ F Birth Date: ____ / ____ / ____
(mm / dd / yyyy)

Home Address

Number and Street _____
City/State/Zip _____
Province/Postal Code _____
Country of Origin _____ State of Permanent Residence ____
NYS State County of Permanent Residence _____

Optional Information:

If you wish to be identified with a particular ethnic or racial group, please indicate how you would describe yourself.

Ethnicity

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (please select one or more)

- ☐ Asian
☐ American Indian or Alaska Native
☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
☐ White

Contact Phone and E-mail Information

Day (8:30 am - 5 pm) ____ / ____ - ____ Cell ____ / ____ - ____

E-mail _____ (* Required - used to generate an RIT computer account)

Class Request

When on RIT's website, all required Class Information to the right may be found by clicking on the Class, within the Class Description.

PLEASE NOTE - Some classes may require departmental approval and/or advising prior to registration.

Class No. (5 digits)	Subject (4 letters)	Catalog (3 digits)	Section (2 digits)	Units (1 digit)	Course Title
_____	_____	_____	_____	_____	_____
Class No. (5 digits)	Subject (4 letters)	Catalog (3 digits)	Section (2 digits)	Units (1 digit)	Course Title
_____	_____	_____	_____	_____	_____
EXAMPLE					
99999	ENGL	150	07	3	Writing Seminar

Registration

Students must complete the electronic Rush Henrietta RIT Registration Process - visit <https://www.rhnet.org/Page/482> for details (www.rhnet.org > College & Career Center > Tuition Free - RIT)

Transcripts

Transcript Request

Once you complete the course, if you or a third party need a copy of your academic transcript, please complete an *Academic Transcript Request* form available on the web at rit.edu/registrar. In the left-hand column select Forms, then *Academic Transcript Request*.

Registrar's Office Use Only

Date Received _____ Date Processed _____ Processed by _____

Distribution: Please keep a copy for your records. Return original to the RIT Registrar's Office.

THE RUSH HENRIETTA SENIOR HIGH SCHOOL COLLEGE PROGRAM TUITION WAIVER FORM

***** **This form must be completed for ALL COURSES for which the student is applying** *****

Interested Rush Henrietta Senior High School students who have completed their sophomore year and have demonstrated the ability and determination necessary to succeed in a college course **may take up to two undergraduate classes per semester/session and only one during the first experience** at the University of Rochester's College of Arts and Sciences and Rochester Institute of Technology - these include day classes, night classes, online courses and special U of R "Rochester Scholars" mini-courses offered during the summer. **Acceptance to the college program is not guaranteed. If accepted, enrollment in all classes is on a "space-available" basis.**

➤ STUDENT MUST:

- Be a Rush Henrietta resident (includes a resident attending a private school or being home-schooled)
- Have **completed** Grade 10 and earned 10 high school credits.
- Have earned a **CUMULATIVE average AND be passing ALL courses with at least 80%.**
- Provide OWN transportation and fees for books and equipment
- Take no more than two college courses during each semester/session (**Only one during the first experience**)
- If applicable, have successfully completed previous college coursework. **One having received a grade of F or W will be ineligible to register for other college courses during the following semester**
- If graduating, **start date** of a summer class **must be BEFORE** the date of RH's graduation; If a rising junior, **start date** of a summer class **must be AFTER** the date of RH's graduation

➤ STUDENT INFORMATION:

Student Name _____

Grade Level _____ Year of High School graduation _____

Y / N First college course? (@ RIT or U of R)
(select one)

Y / TBD If N, passed course(s) last semester?
(select one)

NA / Y If applicable, meets Pre-requisites?
(select one)

➤ **TRANSCRIPT RELEASE (Required):**

I give permission for a copy of my grade from the above college to be sent directly to the Rush Henrietta Counseling Center at the address below. Additionally, I understand that the Rush Henrietta Senior High School reports all course work on my transcript including failed and dropped classes.

Student Signature _____

Typed signature will be considered official.

Date _____

Parent/Guardian Signature (If student is under age 18) _____

Typed signature will be considered official.

Date _____

➤ COURSE INFORMATION:

RIT: _____ FALL SEMESTER _____ SPRING SEMESTER _____ SUMMER TERM

U OF R: _____ FALL SEMESTER _____ SPRING SEMESTER _____ SUMMER TERM

U OF R NON-CREDIT COURSE SUMMER SESSIONS: _____ SESSION A _____ SESSION B _____ AM _____ PM

COURSE 1

Start Date _____ End Date _____

Complete Course Title: _____ Class/Course # _____

Time of class: _____ Days Scheduled:(Select all that apply) ON-LINE: Yes _____ No _____

M T W T F S

COURSE 2

Start Date _____ End Date _____

Complete Course Title: _____ Class/Course # _____

Time of class: _____ Days Scheduled:(Select all that apply) ON-LINE: Yes _____ No _____

M T W T F S

- ☐ Student is eligible to take 2 courses and desires to enroll in BOTH Course 1 and Course 2 selections
☐ Course 2 is student's alternate choice if unable to be enrolled into Course 1 selection
☐ Course 2 is a requirement for Course 1

I have reviewed this application and support this student's desire to enroll in a college course.

** If student may be a candidate for HEOP or EOP, taking a credit bearing course may make them ineligible.*

Counselor's Signature _____

Date _____

Email _____

*** PLEASE NOTE - IF THIS FORM IS NOT COMPLETED AND ON FILE WITH THE COUNSELING CENTER, YOU ARE SUBJECT TO BEING BILLED BY THE COLLEGE**