

ROCHESTER INSTITUTE OF TECHNOLOGY
OFFICE OF THE REGISTRAR
 EASTMAN HALL (EAS), ROOM 1202
 PHONE 585/475-2821
 FAX 585/475-7005

To view class schedules and availability:

- Go to <https://infocenter.rit.edu>
- Go under PUBLIC
- Select NEW SIS CLASS SEARCH
- Select TERM
- Complete CLASS SEARCH CRITERIA

* 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)

Optional Information:

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

Home Address

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

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

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
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
EXAMPLE					
<u>99999</u>	<u>ENGL</u>	<u>150</u>	<u>07</u>	<u>3</u>	<u>Writing Seminar</u>

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*.

Registration

Call 475-2821 for registration questions

Student must register in person - bring your completed application and your R-H Tuition Waiver form to the:

RIT Registrar's Office
 Building #1 - George Eastman Bldg
 1202 Eastman Hall
 Hours: Monday - Friday, 8:30 am to 4:00 pm

Registrar's Office Use Only

5/1/2013

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 EACH INDIVIDUAL COURSE 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:

1. Be a Rush Henrietta resident (includes a resident attending a private school or being home-schooled).
2. Have **completed** Grade 10 and earned 10 high school credits.
3. Have earned a **CUMULATIVE average AND be passing ALL courses with at least 80%**.
4. Show evidence of interest, commitment and maturity.
5. Provide transportation and fees for books and equipment.
6. Take no more than two college courses during each semester/session (**Only one during the first experience**).
7. 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.**
8. 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 ELIGIBILITY:

(To be completed by Rush Henrietta SHS counselor)

_____ Year of High School graduation
 _____ Number of completed credits to date
 _____ Cumulative transcript average
 _____ Last report card average

Y / N First college course?
(select one)

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

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

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

Phone Number

REGISTRATION INFORMATION (To be completed by the student):

Student Name: _____ Rush Henrietta Student ID#: _____

Mailing Address: _____

Phone #: _____ Gender: M or F Grade: _____

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

Date

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

Date

COURSE INFORMATION:

RIT: _____ FALL SEMESTER _____ SPRING SEMESTER _____ SUMMER TERM

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

U OF R - ROCHESTER SCHOLARS SUMMER SESSIONS: _____ SESSION A _____ SESSION B _____ AM _____ PM

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

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