



COMPUTER DATA SHEET NON-MATRICULATED STUDENT

Registrar's Office ✧ Keuka College ✧ Keuka Park, NY 14478
Phone: 315-279-5204 ✧ Fax: 315-279-5294

IMMUNIZATION REQUIREMENTS if the student is registered for six (6) or more credits:

Is the student born before January 1, 1957?

Yes No - **Immunization record must be provided at registration**

Last Name:		First Name, MI:	
Street/P.O. Box:		City:	State: Zip:
Social Security Number:	Date of Birth:	Telephone:	

In the event of an emergency, the college should notify:

Name: _____

Telephone: _____ Relationship: _____

Have you previously attended a college or university?

Yes, I attended _____

No – What High School did you attend? _____

Who is responsible for payment of your bill?

Self

Employer: _____

Signature

Date

----- OFFICE USE ONLY -----

GENDER: M F
ETHNIC: _____
RELIGION: _____
RES: C/Commuter
STUDENT TYPE: NM: Non-Matriculated
MAJOR: NM: Non-Matriculated
CLASS: NM: Non-Matriculated

ADVISOR: _____ DATE: _____