



ALUMNI/FRIENDS PLUS PROGRAM COURSE REGISTRATION FORM

R#: _____ Please check one: Male Female

Please check one: Friend of Ramapo Alumnus/a Class Year(s): _____

(PLEASE PRINT)

Name (Last, First, M.I.): _____

Address: _____ Apt/Box: _____

City: _____ State: _____ Zip: _____ County of Origin: _____

Phone Number: _____ Cell Phone: _____

Email Address: _____

Ethnicity: _____ Date of Birth: _____ SS#: _____

I understand that I am registering to audit this course and no grade will be issued for this course. Tuition is waived but I am responsible for fees charged and the purchase of any necessary books and/or supplies.

(Registrant Signature) (Foundation Signature)

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[TO BE COMPLETED AT TIME OF REGISTRATION]

Semester: Fall Spring Summer Year: 20 _____

CRN #	Subject # / Course #	Title	Credits

All books and fees are the responsibility of the registrant. This form can only be used during the time specified for Friends & Alumni registration. Registration is on a space available basis.