



Office of Records and Registration
500 Hawk Drive, New Paltz, NY 12561-2439

Office location: Wooster Hall 115 | recreg@newpaltz.edu
www.newpaltz.edu/registrar

- Accepted visiting students may register for approved and available courses during the non-matriculated registration period.
- Students who are on “academic suspension or dismissal” or “disciplinary suspension or dismissal” are not eligible to apply for Visiting Student status.

PLEASE PRINT LEGIBLY

Name _____
Last MI First

E-Mail address _____ Date of Birth ____ / ____ / ____
Month Day Year

Your college address _____
Street/Apt. or dorm or P.O. Box and college

City State Zip Phone: (____) _____

Your home address _____
Street/Apt.

City State Zip Phone: (____) _____

Are you a US citizen? Yes No **Are you a New York state resident?** Yes No

Indicate if you are one of the following:

- US Veteran (A veteran is a person who has served in the US Armed Forces)
- Military Service Member (Active Duty, Reserve, National Guard)
- Dependent of a Military Service Member or US Veteran (Dependent is a spouse or a child)

Optional: How would you describe yourself?

- White, non-Hispanic
- Black or African American
- Native Hawaiian or Other Pacific Islander
- American Indian/Native Alaskan
- Asian
- Hispanic/Latino
 - ___ Dominican
 - ___ Puerto Rican
 - ___ South American
 - ___ Mexican
 - ___ Other Hispanic/Latino
 - ___ Cuban

Have you previously applied for matriculation to New Paltz? Yes **Decision:** Accepted
 Denied
 No

Semester/Year I wish to visit Fall 20_____ Spring 20_____

If you are applying for a full academic year, check both.

Summer and Winter sessions do not require a visiting student application.

Institution currently attending _____

Major area of study _____

You must submit a transcript with this application (it can be an unofficial copy).

New Paltz courses you wish to take this semester

Any course prerequisites must be met in order to register for courses.

Signature of student's academic or departmental advisor at the home institution:

I have reviewed and approve of the proposed program of study for the visiting period. I agree with the student that work completed during the visiting period will be counted toward the degree at the home institution.

CRN	COURSE	SEC. NO	COURSE TITLE	CR	M	T	W	R	F	TIME
TOTAL WORKLOAD DESIRED										

Advisor's Signature _____

Date ____/____/____
Month Day Year

Advisor's Name (please print) _____

Title and Department _____

Institution _____

Signature of student:

I understand that my acceptance as a non-matriculated visiting student at New Paltz is dependent on space availability. I also understand that I am personally responsible for all tuition, fees and charges. I agree to be bound by all rules and regulations of the host college. I understand that any falsification or omission of data may result in a denial of admission or in dismissal from the College.

Applicant's Signature _____

Date ____/____/____
Month Day Year



New Paltz

STATE UNIVERSITY OF NEW YORK

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VISITING STUDENT APPLICATION CHECKLIST

- You have completed the entire application.
- You have attached an unofficial college transcript.
- You have met all New Paltz course prerequisites.
- You have met with your advisor and he/she has completed the advisor section of this application.
- You have met with your home campus financial aid office to ascertain financial aid eligibility.

Email completed packet to recreg@newpaltz.edu.

Please put "Visiting Student" in the subject line of the email.