

# Farmingdale State College

State University of New York

## Roslyn High School

University in the High School Program

Official Use Only: UHBM

CRN#:

RAM#:

### FALL 2019 REGISTRATION FORM

Please fill out both sides and PRINT LEGIBLY. Incomplete forms will not be processed.

Student's Social Security #: \_\_\_\_\_

Date of birth:       -       -              
                  M M    D D    Y Y Y Y

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Last name: \_\_\_\_\_

Full FIRST name (no nicknames): \_\_\_\_\_

Middle name or initial \_\_\_\_\_

Home phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student Email: \_\_\_\_\_

Home street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you taken Farmingdale State College classes before? Yes \_\_\_ No \_\_\_

Are you taking more than one Farmingdale State College class this semester? Yes \_\_\_ No \_\_\_

Course: **BUS 131 - Marketing Principles**

Credits: **3**

RETURN COMPLETED FORM AND PAYMENT TO YOUR TEACHER BY:

\_\_\_\_\_

Fee: \$150 per course or \$75 per course, if qualified  
(see back of form)

Please make checks payable to:  
**Farmingdale State College.**

Include **student's full name** on signed check or  
money order and attach here.



CONSENT FORM

I, \_\_\_\_\_, wish to participate in the University in the High School program sponsored by Farmingdale State College. I agree to be bound by all terms and conditions of my high school as well as those set forth by Farmingdale State College.

Roslyn High School

Name of high school

Junior     Senior     Sophomore  
\*\*(need verification)\*\*

\_\_\_\_\_  
Name of student – Please Print

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of parent(s)/guardian(s) – Please Print

\_\_\_\_\_  
Signature of parent(s)/guardian(s)

\_\_\_\_\_  
Date

Ms. Jennifer DiPietro

Name of Instructor

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Date

**NOTE:** The course information, i.e. credits and final grades, will be recorded on an official Farmingdale State College transcript that can either be used to pursue a degree at Farmingdale (the GPA is started) or sent to any other college the student wishes to attend.

UHS will *not* process any registration forms that are received after the registration deadline. Any students who submit registration forms after the deadline *will not be registered for UHS credit*. In addition, UHS *never* allows retroactive registration.

**NOTE:** Students can earn college credit in only ONE Marketing course.

**\*\*\*Students who are eligible to participate in the program through the free or reduced lunch program MUST HAVE the appropriate school administrator verify by signing below.\*\*\***

\_\_\_\_\_ is eligible for a reduced fee (\$75 per course) because he/she is enrolled in our free/reduced lunch program.

\_\_\_\_\_  
Name and Title of Verifying Agent

\_\_\_\_\_  
Signature of Verifying Agent

\_\_\_\_\_  
Date



# Farmingdale State College

State University of New York

## Roslyn High School

University in the High School Program

Official Use Only: UHEC

CRN#:

RAM#:

### FALL 2019 REGISTRATION FORM

Please fill out both sides and PRINT LEGIBLY. Incomplete forms will not be processed.

Student's Social Security #: \_\_\_\_\_

Date of birth:       -       -              
                  M M    D D    Y Y Y Y

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Last name: \_\_\_\_\_

Full FIRST name (no nicknames): \_\_\_\_\_

Middle name or initial \_\_\_\_\_

Home phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Student Email: \_\_\_\_\_

Home street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you taken Farmingdale State College classes before? Yes \_\_\_ No \_\_\_

Are you taking more than one Farmingdale State College class this semester? Yes \_\_\_ No \_\_\_

Course: ECO 110 - Introduction to Personal Finance

Credits: 3

RETURN COMPLETED FORM AND PAYMENT TO YOUR TEACHER BY:

\_\_\_\_\_

Fee: \$150 per course or \$75 per course, if qualified  
(see back of form)

Please make checks payable to:  
**Farmingdale State College.**

Include **student's full name** on signed check or  
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CONSENT FORM

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Roslyn High School

Name of high school

Junior     Senior     Sophomore

\*\* (need verification) \*\*

\_\_\_\_\_  
Name of student – Please Print

\_\_\_\_\_  
Signature of student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of parent(s)/guardian(s) – Please Print

\_\_\_\_\_  
Signature of parent(s)/guardian(s)

\_\_\_\_\_  
Date

Ms. Sallykaye Kaufman

Name of Instructor

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Name and Title of Verifying Agent

\_\_\_\_\_  
Signature of Verifying Agent

\_\_\_\_\_  
Date

