



## 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)

.....  
**[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.*