

# Syracuse University/University College Course Registration Form—Spring 2010

## SU Tuition Benefits—Spring 2010

**D Anyone using SU Tuition Benefits must complete this section every semester of registration.**

*Note: Students with remitted benefits who register via the web must pay course, lab, and late registration fees, where applicable, within 7 business days of registering. All others with remitted tuition benefits must pay at the time of registration.*

\_\_\_\_\_  
**Student Name (Last, First, M.I.)**

\_\_\_\_\_  
**SU I.D. Number**

\_\_\_\_\_  
**Date**

I hereby agree that if it is determined I am ineligible for tuition benefits, I will pay all charges and fees incurred for the credits registered for.

The undersigned shall promptly notify the University in writing of any change of address.

I intend any facsimile of my signature on the promissory note as printed by Syracuse University's receiving facsimile machine to be equal to and enforceable as my original signature and that such a facsimile copy of this promissory note be deemed a counterpart to the original promissory note and, therefore, enforceable in court or other tribunal.

\_\_\_\_\_  
**Student's Signature**

**I enrolled by web; on:** \_\_\_\_\_

Date (MM/DD/YY)

*I am (choose one):*

A Graduate Student Receiving a Graduate Award  
Sponsoring College \_\_\_\_\_

An SU Employee Dept. \_\_\_\_\_ Ext. \_\_\_\_\_

A spouse of an  SU employee or  graduate assistant (check one)  
(Must complete Section G)

Employee Name \_\_\_\_\_ SS# \_\_\_\_\_

Employee Dept. \_\_\_\_\_ Ext. \_\_\_\_\_

The dependent of an SU faculty/staff member who has applied for dependency benefit.  
Only matriculated students are eligible.

An outside agency employee awarded **SU tuition credits** for supervising SU students.  
Name of Agency: \_\_\_\_\_ Credits Awarded \_\_\_\_\_