

## APPLICATION/REGISTRATION FORM: Labor Studies

### The CUNY School of Professional Studies

*To register, complete ALL fields in this form. Please print legibly.*

<b>Circle one:</b> Mr. Mrs. Ms. Miss Dr.		<b>Last name (family):</b>		<b>First name (given):</b>		<b>Middle name:</b>			
<b>Date of birth:</b> / /		<b>Social Security number:</b> / /		<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		<b>Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Ethnicity:</b>									
<input type="checkbox"/> White, non-Hispanic		<input type="checkbox"/> African American, non-Hispanic		<input type="checkbox"/> Puerto Rican		<input type="checkbox"/> Hispanic, other			
<input type="checkbox"/> Native American or Native Alaskan		<input type="checkbox"/> Other (please specify):				<input type="checkbox"/> Asian or Pacific Islander			
						<input type="checkbox"/> Choose not to respond			
<b>Permanent address (street and number):</b>				<b>Apt:</b>	<b>City:</b>		<b>State:</b>		
<b>How long have you resided at the above address?</b>				<b>Telephone:</b>		<b>Email (required):</b>			
Years:		Months:		( ) -					
<b>Citizenship:</b>									
<input type="checkbox"/> U.S.		<input type="checkbox"/> Other:		Type of Visa:					
<b>Are you currently enrolled as a CUNY student?</b>		<b>If yes, skip "Educational Background" and give the name of your college AND program or major here:</b>							
<input type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Educational background: Please list all colleges and universities attended, starting with the most recent.</b>									
Years of Attendance		Name of institution		Major		Degree	Date of award		
From: To:									
From: To:									
<b>Employer:</b>					<b>Location:</b>				
<b>Work phone:</b>		( ) -		<b>Ext.:</b>		<b>Job Title:</b>			
<b>Union affiliation:</b>					<b>Local:</b>				
<b>SELECTIONS</b>									
<b>COURSE SELECTIONS</b> <small>(see next page for course information)</small>		<b>Semester you are registering for:</b>							
		<b>Course #:</b>	<b>Course name:</b>			<b>Section #:</b>	<b>No. of credits:</b>	<b>Course level (check one):</b>	
								<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	
								<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	
								<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	
								<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	
		<b>How did you find out about these courses?</b>							
<b>CREDIT REGISTRATION</b>									
						Amount enclosed			
One-time Application Fee <small>(do not pay if you have previously enrolled in an SPS course)</small>						\$70.00	\$ _____		
Consolidated Fee						\$15.00 per term	\$ 15.00		
Technology Fee		part time students		\$50.00 per term		<input type="checkbox"/> \$ 50.00			
		full time students		\$100.00 per term		<input type="checkbox"/> \$ 100.00			
Undergraduate Tuition for Degree Students						\$215.00 per credit	\$ _____		
Graduate Tuition						\$345.00 per credit	\$ _____		
For official use only: 3 <sup>rd</sup> party verification number: _____						<input type="checkbox"/> Third party payment from:			
						Total enclosed: \$ _____			
<p><b>Checks should be made payable to the "CUNY School of Professional Studies." Mail this form and your check (if applicable) to: Murphy Institute for Worker Education, Attn: Tica Frazer, 25 W. 43<sup>rd</sup> Street, 19<sup>th</sup> Floor, New York, NY 10036</b></p> <p>Please note: registrants for credit courses must provide an official transcript documenting eligibility, also to be sent to this address, prior to the end of the course. A course grade will not be released without the transcript on file.</p>									

If you are attending more than one course as a credit student, in compliance with New York State Public Health Law 2165, you must submit proof of immunization against measles, mumps and rubella and must file a meningococcal meningitis vaccination form with SPS, if you were born on or after January 1, 1957. The form can be downloaded from the SPS website: [http://sps.cuny.edu/forms/Immunization\\_Complete\\_MMR.pdf](http://sps.cuny.edu/forms/Immunization_Complete_MMR.pdf).

**I certify that the information entered on this application is complete and correct.**

Signature of applicant: \_\_\_\_\_

Date submitted: / /

*All tuition and fee schedules are subject to change without notice at any time upon action by the City University of New York, regardless of the tuition and fee schedules in effect at the time of application. Rev. 01/12/12*

**Additional information available at: (212) 827-0200. For general SPS information: (212) 652-CUNY.**