

# PRECOLLEGE PROGRAMS NONCREDIT REGISTRATION FORM

Please complete this form and mail or fax to:



**Fashion Institute of Technology**  
State University of New York

Fashion Institute of Technology  
227 West 27 Street, Room SR10  
New York, NY 10001-5992

Fax: 212 217.7964

## GENERAL INFORMATION

Have you ever applied to FIT for a high school or college course?

YES  NO  SUMMER  FALL  SPRING

Student ID number

Student cell phone (if available)

Name

LAST

FIRST

MIDDLE

Current mailing address

STREET

APT. NUMBER

CITY

STATE

ZIP CODE

Telephone

Parent's Email

REQUIRED FOR EMAIL CONFIRMATION OF REGISTRATION AND BILLING PURPOSES

Date of birth

MONTH

DAY

YEAR

Gender  Male  Female

School currently attending

Grade  7  8  9  10  11  12

Ethnicity (optional) You may check more than one:

White, Non-Hispanic

Hispanic/Latino

American Indian/Native Alaskan

Asian or Pacific Islander

Black, Non-Hispanic

Unknown

Other

## COURSE REGISTRATION

Please fill in the appropriate course information for the courses you are applying for.

I am registering for (check one):

1 course

2 courses

3 courses

4 courses

5 courses

6 courses

## CLASS REGISTRATION

Course NUMBER	Course TITLE	Section/Time	Fee

**Personal Data:**  
FIT takes various measures to protect personal data and records, including fulfilling its obligations under all applicable laws. To the extent it is applicable, FIT processes personal data in accordance with the European Union's General Data Protection Regulation, which provides protections for various information and records while a person is located in the EU. FIT provides notice to students, employees, and website users of what type of data FIT processes, including sensitive personal data, and how and why that data is used and shared through information posted on the GDPR page of FIT's Privacy website. Please review the applicable notice(s) carefully.

# PRECOLLEGE PROGRAMS NONCREDIT PAYMENT FORM

Please complete this form along with the  
Registration form and mail or fax to:



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Semester

SUMMER  FALL  SPRING

## STUDENT INFORMATION

Date \_\_\_\_\_ Student ID number \_\_\_\_\_ Date of birth \_\_\_\_\_

Name \_\_\_\_\_  
LAST FIRST MIDDLE

## CREDIT CARD AUTHORIZATION FORM

Credit card being charged:  American Express  Discover  MasterCard  Visa

Cardholder name \_\_\_\_\_ Credit card number \_\_\_\_\_

Credit card expiration date \_\_\_\_\_ CSV number \_\_\_\_\_ Amount to be charged \$ \_\_\_\_\_

Authorized signature \_\_\_\_\_

Cardholder's telephone number \_\_\_\_\_