PRECOLLEGE PROGRAMS NONCREDIT REGISTRATION FORM

Please complete this form and mail or fax to:

Fashion Institute of Technology



227 West 27 Street, Room SR10 New York, NY 10001-5992

Fax: 212 217.7964				THIRD P	ARTY REG	ISTRATION			
GENERAL INFORMATION				ORGAN	IZATION:				
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	Parent's Email				
				REQUIRED	FOR EMAIL CO	ONFIRMATION O	F REGISTRATI	ON AND BILLING PUR	(POSES
Date of birth		Gender	☐ Male ☐ Female						
MONT	Ή	DAY	YEAR						
School currently attending				Grade	□ 7 □ 8	8 🗆 9 🗆	10 🗆	11 🗌 12	
Ethnicity (optional) You may check more than one:		☐ W hite, Non-His		•	Latino ☐ American Indian/Native Alaskan ☐ Asian or Pacific Islander ☐ Other				
COURSE REGISTRATION Please fill in the appropriat am registering for (check		mation for the o	-			4 courses	☐ 5 cc	ourses 🗌 6	courses
CLASS REGISTRATION									
Course NUMBER	Course TITLE			Section/Time	<u> </u>	Fee			