PRECOLLEGE PROGRAMS NONCREDIT REGISTRATION FORM

Please complete this form and mail or fax to:

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



Fax: 212 217.7964

rdx. 212 211.1904									
GENERAL INFORMATION	I								
Have you ever applied to FIT for a high school or college course?				☐ YES	□ NO □	SUMMER	☐ FALL	□ SPRI	NG
Student ID number				Student	Student cell phone (if available)				
Name									
		LAST		FIRST			MIDDLE		
Current mailing address									
		STREET	APT. NUMBER	CITY			STATE	ZIP CO	DE
Telephone				Parent's	Email				
· ·					FOR EMAIL CONF	FIRMATION OF I	REGISTRATION	AND BILL	ING PURPOSES
Date of birth				Gender	Gender ☐ Male ☐ Female				
MON	NTH	DAY	YEAR						
School currently attending				Grade	□ 7 □ 8	□9 □	10 🔲 1	1 🗆 1	2
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					cific Islander		
COURSE REGISTRATION Please fill in the appropria		mation for the o	COURSES VOU A	re anniving for					
I am registering for (chec		☐ 1 course	2 cours	_		courses	☐ 5 cou	ırses	☐ 6 courses
CLASS REGISTRATION									
Course NUMBER	Course TITLE			Section/Time		Fee			
Codi se Moividen	Course TITLE			Section/ Time	·	ree			

PRECOLLEGE PROGRAMS NONCREDIT PAYMENT FORM

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

FIT 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

STUDENT INFORMATIO)N	Semester □ SUMMER □ FALL □ SPRING				
Date	Student ID number	Date of birth				
Name	LAST	FIRST	MIDDLE			
	IZATION FORM ged: American Express Credit card number		· Visa			
Cardholder name Credit card expiration d		Amount to be	charged \$			
Authorized signature Cardholder's telephone i	number					
Sa. aordor o coropiiono i						