

# NONCREDIT COURSE REGISTRATION FORM

Please complete this form and mail or fax to:  
**Fashion Institute of Technology**  
 236 West 27th Street Storefront  
 New York, NY 10001-5992



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

Fax: 212 217.7176

This form will not be accepted for credit courses.

## GENERAL INFORMATION

YEAR: \_\_\_\_\_

Have you previously attended or applied to FIT?  YES  NO

WINTER  SPRING  SUMMER  FALL

If yes please provide:

Student ID number

Student cell phone

Name

LAST

FIRST

MIDDLE

Current mailing address

STREET

APT. NUMBER

CITY

STATE

ZIP CODE

Telephone

Email

REQUIRED FOR EMAIL CONFIRMATION OF REGISTRATION AND BILLING PURPOSES

Date of birth

Gender  Male  Female

MONTH

DAY

YEAR

Profession (check most appropriate)

Retail/Buyer

Textile

Graphic/Web Design

Non-Fashion

Manufacturer

Entrepreneur

Fashion Design

Styling/Consulting

## COURSE REGISTRATION

For a full refund you must drop a class 24 business hours before the class begins. Read your refund policy on the payment form.

## CLASS REGISTRATION

COURSE NUMBER	COURSE TITLE	SECTION	CRN	FEE
EX: SXS 100	EX: INTRODUCTION TO FASHION STYLING	EX: 55A	12345	

**NON REFUNDABLE REGISTRATION FEE**

**ADD \$5**

**TOTAL AMOUNT OWED**

**\$**

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.

# NONCREDIT COURSE PAYMENT FORM

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



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

Fashion Institute of Technology  
236 West 27th Street Storefront  
New York, NY 10001-5992

Fax: 212 217.7176

Semester

Year \_\_\_\_\_

WINTER  SPRING  SUMMER  FALL

## 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 \_\_\_\_\_ CVV number \_\_\_\_\_ Amount to be charged \$ \_\_\_\_\_

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

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

## WITHDRAWAL/REFUND POLICY

Requests for course withdrawal/refund of tuition must be made in writing and received 24 business hours prior to start of program for a full refund. Requests received after a course's completion cannot be fulfilled

The policy for partial refunds is in accordance with the following schedule:

2 session courses: 25% after first session

3 session courses: 50% after first session, No refund after second session

4 session courses: 50% after first session, 25% after second session, no refund after third session

5 or more session courses: 75% after first session, 50% after second session, 25% after third session, no refund after fourth session