

INSTITUTE FOR RETIRED PROFESSIONALS

Registration Form

Spring 2017

FOR OFFICE USE ONLY

Instructions:

1. Print this form.
2. Complete by hand.
3. Make a copy for your records.
4. If you choose to mail the form be sure to use our mailing address:
New School IRP, 79 Fifth Avenue, Room 905, New York, NY 10003
5. Completed form and payment must be received in the IRP office by:

Date ____/____/____ ____ New Student ____ Returning Student New School ID: N ____

Last Name _____ First Name _____ MI _____

Salutation (Nickname) _____ Phone No. _____

Tuition (Check one): ____ Full Year Tuition 2016-17 (Already paid) ____ Spring 2017 Semester only (\$660)

Payment Options:

1. By check: (Payable to **The New School**. Make sure your name appears on the check. Write IRP in memo field.)

2. By credit card: ____ Visa ____ Master Card ____ Amex

Card No: _____ Expiration Date: Mo ____ Yr ____

Cardholder Name: (Print) _____

(Signature) _____

IRP Directory Release

____ **Yes** List my name, address, phone number and email in the IRP Directory.
(If unchecked, contact information will be excluded from the Directory.)

____ I agree to use IRP Directory information for IRP purposes only (**MUST** be checked).

Signature _____

Date _____

Students are responsible for knowing the Add/Drop & Refund policies, and the University Student Code of Conduct, published on the IRP Zine.

Name: _____

Study Group Registration Procedure

1. Total Number of Study Groups desired (including study groups you are coordinating): ____ 2 ____ 3 ____ 4* (*Only coordinators may request four classes.)

2. If you are **coordinating** a study group, list the title(s) here: _____

3. Instructions: List all study groups of interest in order of preference, even if they meet on the same day and time. If there is not sufficient room in any given study group, the registrar will look at your next choice in order of preference. There is ample room below for you to clarify anything you wish to explain about your listed choices, e.g., number of days on campus, special needs, etc. (Coordinators: do not reenter the study groups listed above.)

PLEASE NOTE: Every effort is made to grant at least your first choice. Oversubscribed study groups are filled by lottery.

Prioritized list of study group choices

Day and time

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Use the space below to provide clarification or guidance concerning your selections above.

Name: _____

PERSONAL INFORMATION:

Complete **ONLY** if your information has **CHANGED**:

Street _____ Apt No. _____ City _____ State _____ Zip _____

Home Phone _____ Other Phone _____ Email _____

Emergency Contacts: Name, Phone, Relationship

Physician: Name, Phone
