INSTITUTE FOR RETIRED PROFESSIONALS
Registration Form
Fall 2014

FOR OFFICE USE ONLY

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Instructions:

1. **Print this form.**
2. **Complete by hand.**
3. **Make a copy for your records.**
4. **Mail or deliver with payment to:**
   IRP, The New School, 66 W. 12th St., Room 511, New York, NY 10011
5. **Completed form and payment must be received in the IRP office by:**
   May 21, 2014

Date ___/___/_____ ___ New Student ___ Returning Student New School ID: **N** __ __ __ __ __ __ __ __

Last Name _____First Name _____MI_____

Salutation (Nickname) _____ Phone No._____

Tuition (Check one): ___ Full Year Tuition 2014-2015 ($980) ___ Fall 2014 Semester only ($638)

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

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Students are responsible for knowing the Add/Drop & Refund policies published on the IRP Zine, and the University Student Code of Conduct available at: www.newschool.edu/studentservices/rights

Name: _____

Study Group Registration Procedure

Total Number of Study Groups desired (including study groups you are coordinating): ___ 2 ___3 ___ 4* (*Only coordinators may request four classes.)

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

_____

Instructions: (PLEASE READ CAREFULLY)
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

_____

Revised (May 2014)