

VISITING STUDENT REGISTRATION FORM

COMPLETE AND RETURN WITH PAYMENT AND TRANSCRIPTS TO

Office of Admissions/Visiting Student Registration,
Iona College, 715 North Avenue, New Rochelle, NY 10801

Make checks payable to Iona College.

*If you wish to pay by credit card, you may do so online by visiting www.iona.edu/specialsessions.

Fax this form with a copy of your transcript to (914) 633-2277

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: ____/____/____ Email: _____

Phone (day): _____ Phone (evening): _____

Permanent Address:

Street: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Local Address (if different from permanent)

Street: _____

City: _____ State: _____

Zip Code: _____ Country: _____

Semester Fall Spring Summer January Intersession 20 _____

Have you previously attended Iona? No Yes If yes, when? _____

Are you now attending another college? No Yes If yes, when? _____

Please send me information about transferring to Iona.

Undergraduate Day Professional Studies Program (Evening/Weekend)

Dept.	Course #	Sec.	Name:	Credits:	Tuition: total cost of credits *
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**Program/Student Services Fee _____

Total Amount Enclosed _____

* Undergraduate Courses \$735 per credit/Graduate Courses \$872 per credit.

** \$80 Program/Student Services Fee per session.

Type of payment: Check enclosed Credit Card (online)

FOR OFFICE USE ONLY

Registrar S.F.S. Comments: _____
