

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/summersession.

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

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

Social Security #: _____ Date of Birth: ____/____/____

E-Mail: _____ 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 *
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Program/Student Services Fee _____

Total Amount Enclosed _____

* Undergraduate Courses \$700 per credit. ** Graduate Courses \$830 per credit.

Type of payment: Check enclosed Credit Card (online)

FOR OFFICE USE ONLY

Registrar S.F.S. Comments: _____

www.iona.edu/summersession