

# 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](http://www.iona.edu/specialsessions).

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

\*\* \$225 Program/Student Services fee for each regular session (semester and trimester)

\*\* \$80 Program/Student Services Fee for each special session (Summer and January Intersession)

Type of payment:  Check enclosed  Credit Card (online)

### FOR OFFICE USE ONLY

Registrar S.F.S. Comments: \_\_\_\_\_

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