

**NEW YORK INSTITUTE
OF TECHNOLOGY**

College of Osteopathic
Medicine

Please Check the Campus You Will Be Attending:

☐ Old Westbury

☐ Arkansas

Registration Form
Academic Year: **2025-26**

**(Continuing Students-
Class of 2026,2027,2028)**

Name: _____
Last First Middle

Marital Status: ☐ Single ☐ Married

Gender: ☐ Male ☐ Female ☐ Intersex ☐ Unknown

Date of Birth: ____/____/____ Legal State of Residence: _____ Class of: _____

ALL MAIL WILL BE SENT TO THIS ADDRESS

ADDRESS

Street: _____

City: _____

State: _____ Zip: _____

Telephone: () _____ Cell Phone: () _____

In case of Emergency Contact:

Name Telephone Relationship

Military Status: ☐ Active ☐ Active Reserve ☐ Reserve

Branch: ☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard ☐ National Guard

Ethnicity (Optional): ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

Race (Optional): ☐ Black/African American ☐ Hawaiian/Pacific Islander ☐ White
☐ Asian ☐ American/Alaska Native

Have you been convicted of a misdemeanor or felony or have an outstanding arrest prior to determination? ☐ Yes ☐ No

If yes, please describe the specific nature, year, location and disposition to date of the charge:

Failure to provide required information to the college or submission of false information will be considered a violation of the student Code of Conduct and will result in appropriate disciplinary action.

Have you ever been Reprimanded, Admonished, or had a License Suspended or Revoked by any Professional Licensing Authority or Board? Failure to provide required information to the college or submission of false information will be considered a violation of the Student Code of Conduct and will result in appropriate disciplinary? ☐ Yes ☐ No

If yes, please describe the specific nature year, location and disposition to date: _____

By authorizing a registration or by dropping and/or adding or withdrawing or being dismissed from the courses I registered for this semester, I agree to be charged in accordance with the schedule set forth in [NYIT's online catalogs](#) and [nyit.edu](#) with respect to payment of tuition and fees, refunds, dropping and adding courses, and, withdrawal and dismissal policies and procedures. I agree to be bound by this registration form and abide by NYIT's rules and regulations set forth in NYIT's online catalogs and nyit.edu. I agree to pay my debt to NYIT for any amounts due for tuition and fees and other charges. If my charges are not paid when due, I agree to pay NYIT all fees and costs associated with the collection of my delinquent account. In addition to payment of the principal amount due, the additional fees and costs may include collection agency fees constituting 33 to 50 percent of the principal amount due if NYIT engages a collection agency to collect payment; legal fees of 33.3 percent of the principal amount due if NYIT engages legal counsel to collect payment; any and all interest on the outstanding balance at the maximum legal rate allowed by law and; any and all other costs associated with collection of the amount due NYIT. I understand my obligation to pay these additional fees and costs associated with collection of my delinquent Account

Signature of Student

Date

*Each New York Institute of Technology (NYIT) student and each member of the NYIT faculty and staff agrees that NYIT has his or her permission to record by videotape/film/digital recording his or her image and voice at all NYIT classes, activities and events, whether on or off campus, and to use such recordings for academic, publicity and promotion purposes in perpetuity. NYIT shall be the exclusive owner and copyright holder of, and possess all right, title, and interest to, such recordings.

NYITCOM at Arkansas State University
P.O. Box 1119
State University, AR 72467
Phone: 870-972-2786
Fax: 870-680-8800
comjbregistrar@nyit.edu

NYIT College of Osteopathic Medicine
Northern Blvd., P.O. Box 8000
Serota Building, Room 222
Old Westbury, NY 11568-8000
Phone: 516-686-3932
Fax: 516-686-3891
medicineregistrar@nyit.edu