New Y Sch of Inter Desi	nool T <b>ior</b>	Office of the Registrar • NYSID • 170 East70 Street • New York, NY 10021 • 212-472-1500         Fall 2024 REGISTRATION FORM         Register and pay online on the NYSID Portal, portal.nysid.edu.         Otherwise, register at www.nysid.edu/registration or complete and sign this form and return it to the Registrar's Office with your payment (by check payable to NYSID, money order, or credit card). You may register in person, by mail, by fax (212-472-3800), or by email (registration@nysid.edu).         Social Security Number:															
Last Name First Name									M.I.								
Permanent Home Address Street/Apt. No. City State/Country Zip Permanent Telephone																	
E-mail Local Address (if different) Local Telephone Are you applying for financial aid? No Yes Have you enrolled in Tuition Management Systems? No Yes																	
Are you applying for financial aid? No Ye Course Code Course/Workshop					S Have you enrolled Section (A-W) Day 8							CEUs			Tuition		
Course Code		course/won	kshop		Sectio	II (A	-VV) D	dy &	mile		Cied	iits	CEUS	LUS		TUILIOIT	
											-						
				Cou	rses fo	or C	redi	t:									
Refunds are given only in accordance with the					Total Credits:								Total	Tuition:			
only. The undersigned student is responsible for Plus Regis						gistration / Technology Fee											
all charges for registered courses and agrees that						Plus Print and/or Supplementals Fees											
agency he/she must reimburse the school the fees						Registration Fee (if applicable)											
percentage at a maximum of 50% of the debt, and					Continuing and Professional Studies:									ies:			
all costs and expenses, including reasonable attorneys' fees, the school incurs in such											Tot	tal (	Contin				
collection efforts.	TOTAL																
	AIA Membership No:																
Student Signatu	re							D	)ate								
Advisor's Signature Date																	
Financial Aid Administrator Signature Date																	
Method of Payment: $\Box$ Check $\Box$ MasterCard $\Box$ VISA $\Box$ AmEx																	
									7	xn (i	mo/v	r)	/	CVV Num	ber		
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Name as it appe	ars on c	redit card				Si	igna	ture									
Current Status										Personal Data □Male □Female Date of Birth (m/d/y) / /							
□Incoming – New □New Transfer □Continuing □Readmitted									□Male □Female Date of Birth (m/d/y)/ Predominant Ethnic Background								
Are you?     Image: Cont Ed only     Image: Applying for admission       Image: Nonmatriculated     Image: Matriculated								[	Disclosure of racial or ethnic information is solely voluntary and will be kept confidential, and refusal to provide this information will not subject the applicant to any adverse treatment.								
In Which Program? MFA BFA AAS BA Basic Int Des MPS -L MPS-S MPS-H None								[	□Hispanic/Latino □American Indian or Alaskan Native □Asian □Black/African American □White								
U.S. citizens only What is your home state? If NY state, what is your home county?								ר [	□Native Hawaiian or Other Pacific Islander  Type of Visa □Student F-1 □Permanent Resident □Other								
Non-IIS citizons o	mlu							(	(speci	fy otł	ner) _						

Non-U.S. citizens only

Country of Citizenship

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