New Y Sch of Inter Desi	iool ior	Office of the Registrar • NYSID • 170 East70 Street • New York, NY 10021 • 212-472-1500 SPRING 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	me	M.I.														
Permanent Home	0. (City	S	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																
Course Code		Course/Worl			Section (A-W) Day & Time					Credits		LUs		Tuition		
		,	,				,									
							1:4									
Refunds are given only in accordance with the current published refund schedule and by check						s for Credit:					Total	Tuition				
										Total Tuition:						
all charges for registered courses and agrees that						gistration / Technology Fee										
agency he/she must reimburse the school the fees						int and/or Supplementals Fees										
of any collection agency, which may be based on a percentage at a maximum of 50% of the debt, and all costs and expenses, including reasonable						Registration Fee (if applicable) Continuing and Professional Studies:										
attorneys' fees, the school incurs in such							Total Continuing Education Fees TOTAL									
collection enorts.	AIA Membership No:															
											I					
Student Signatur	e							Date	2							
Advisor's Signature Date																
Financial Aid Administrator Signature Date																
Method of Payme	ent:	□Check	□Maste	erCard		SA	□Am	Ex								
									Exp (r	mo/yr) _	/	CVV Numbe	er			
Newsersite	Name as it appears on credit card Signature															
Name as it appea	ars on c	realt card				Sig	nature		onal Da	ata						
□Incoming – New □New Transfer							\Box Male \Box Female Date of Birth (m/d/y)/						//	·		
Continuing Readmitted Are you?							Predominant Ethnic Background Disclosure of racial or ethnic information is solely voluntary and will							and will be kent		
Are you? Cont Ed only Applying for admission Nonmatriculated Matriculated								confidential, and refusal to provide this information will not subject the applicant to any adverse treatment.								
In Which Program?				☐Hispanic/Latino ☐American Indian or Alaskan Native ☐Asian ☐Black/African American ☐White												
U.S. citizens only What is your home s				□Native Hawaiian or Other Pacific Islander Type of Visa □Student F-1 □Permanent Resident □0												
If NY state, what is y Non-U.S. citizens or Country of Citizensh	nly	,						(specify other)						☐Other		

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