

TOURO COLLEGE

Office of the Registrar

227 West 60th Street, New York, NY 11230 Telephone: (212)287-3500

Minor Declaration Form

This form must be filled out and accompany your registration each semester

		FOR OFFICE OF RECORDS USE ONLY:		
		CIRCLE ONE:	WD	
(PLEASE PRINT CLEARLY)				
Student Information				
Last Name	First Name	Midd	le Name	
Maiden/Other name			ID#	
Date of Birth / Month Day		th (<i>City, State,</i>	Country)	
Race/Ethnicity		Gender:	☐ Male ☐ Female	
			an American (Non-Hispanic) ase specify)	
Permanent Address				
Number and Street			Apt. #	
City			te Zip	
Day Phone # ()		Evening phone	# ()	
Current Address (if differe	nt from permanent)	Go	od Until: / / Month Day Year	
Number and Street			Apt. #	
City			te Zip	
Day Phone # () 	Eve	ning phone # ()	
Emergency Contact	☐ Parent ☐ Guar	dian	☐ Spouse ☐ Other	
Last Name		First Name		
Address (if different from yo	ours)		Apt. #	
City			Zip	
Name of Employer		Business Phon	e ()	

ode	Title		
Minor Code	<u>Title</u>		
NBIO	Biology		
NDMD	Digital Multimedia Design		
NECO	Economics		
NCDC	Education: Childhood		
NECE	Education: Early Childhood		
NELT	English Literature Finance(For non- business students) History International Business		
NFIN			
NHIS			
NINB			
NINT	Information Technology (Management Information Systems)		
NJST	Judaic Studies		
NMMM	Management/Marketing		
NPOL	Political Science		
NPSY	Psychology		
NVSA	Visual Arts		
gnature			

esms 4/05

SIGNATURE

DATE