

**MAKE THEATRE MAKE A DIFFERENCE**  
**March 2009 Residency of the Winter/Summer Institute in New York City**

**Non-matriculated Student Registration form—Empire State College**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

City, state, zip code \_\_\_\_\_

PHONE NUMBER(S): Land: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

ARE YOU A NEW YORK STATE RESIDENT? YES \_\_\_\_\_ NO \_\_\_\_\_\*

SIGNATURE \_\_\_\_\_

NOTE: all students who enroll will be expected to complete some reading and writing assignments before and after the Residency. Those registering for 4 credits will also complete an independent project, supervised by the faculty.

RESIDENCY ONLY: 2 credits \_\_\_\_\_

RESIDENCY PLUS SUPERVISED INDEPENDENT PROJECT: 4 credits \_\_\_\_\_

\* if you are an out-of-state student, and would like to apply for a scholarship, please email [lucy.winner@esc.edu](mailto:lucy.winner@esc.edu).

**Tell Us About Yourself**

How did you hear about the Residency?

\_\_\_\_\_

What is (are) your primary area(s) of interest in connection to the Residency (i.e. public health, theatre for social change, AIDS prevention, etc.)?

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\_\_\_\_\_

If you are a student, what are you studying? If you are working, what do you do?  
(i.e., actor, health care professional, instructor, work in non-profit, etc)

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Have you traveled outside the U.S.? If so, where? \_\_\_\_\_

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What are your expectations for the Residency, what do you hope to gain from  
your participation?

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### **SUBMISSION DETAILS**

1) Print and fill out this Registration form

2) Mail to :

**STUDENT SERVICES**  
**Empire State College**  
**325 Hudson Street, 5<sup>th</sup> floor**  
**New York, NY 10013-1005**

**YOU MAY ALSO FAX (but we wd prefer a mailed copy also) :**

**ATTENTION STUDENT SERVICES**  
**FAX # -- 212-647 7829**

**WE WILL PROCESS YOUR REGISTRATION AND CONTACT YOU WITH  
INFORMATION ABOUT HOW TO MAKE A PAYMENT.**