

SCCC STUDENT REGISTRATION FORM

PLEASE PRINT

Semester: Fall 20____ Spring 20____ Summer 20____

SCCC ID number _____

Social Security Number (first time only) _____

Last Name

First Name

Middle Initial

Street Address

City

State

ZIP

() _____
Home Phone

() _____
Cell Phone

() _____
Work Phone

E-mail Address

County

Sex (M, F)

Ethnicity

Race

Birth Date (mm/dd/yy)

Citizen (Y, N)

(See reverse for codes)

Please check this box if above information has changed since your last registration.

Last college attended prior to SCCC _____

Student Goals: Please check the box next to the statement which most accurately reflects your current educational goal at SCCC:

- | | |
|---|--|
| <p><input type="checkbox"/> 1. Transfer to another SUNY college after earning a degree/certificate at SCCC</p> <p><input type="checkbox"/> 2. Transfer to a non-SUNY college after earning a degree/certificate at SCCC</p> <p><input type="checkbox"/> 3. Transfer to another SUNY college without earning a degree/certificate at SCCC</p> <p><input type="checkbox"/> 4. Transfer to a non-SUNY college without earning a degree/certificate at SCCC</p> <p><input type="checkbox"/> 5. Earn a degree/certificate at SCCC and seek employment rather than pursue further post-secondary education.</p> | <p><input type="checkbox"/> 6. Learn new skills or upgrade existing skills without earning a degree or certificate</p> <p><input type="checkbox"/> 7. Seek enrichment rather than pursue a degree or certificate</p> <p><input type="checkbox"/> 8. Obtain a high school equivalency diploma (GED) through the accumulation of college credits.</p> <p><input type="checkbox"/> 9. Uncertain</p> |
|---|--|

COURSE SELECTION

REF#	DEPT	NMBR	SEC	DAYS/TIMES	CR	NOTES or COURSE TITLES

APPROVAL TO EXCEED 19 CREDITS _____

I UNDERSTAND THAT I AM RESPONSIBLE FOR KNOWING AND MEETING ALL PROGRAM REQUIREMENTS.

Student Signature

Date

Processed

Advisor Signature

Date

Date

ETHNICITY

Are you Hispanic/Latino?

- 1 = No
- 2 = Yes - Central American
- 3 = Yes - Dominican
- 4 = Yes - Mexican
- 5 = Yes - Puerto Rican
- 6 = Yes - South American
- 7 = Other Hispanic/Latino

RACE

Is your race (select one or more):

- 1 = White
- 2 = Black or African American
- 3 = Asian
- 4 = Native Hawaiian or Other Pacific Islander
- 5 = American Indian or Alaska Native

DEPT	SECT	COURSE	CR

I UNDERSTAND THAT I AM RESPONSIBLE FOR KNOWING AND MEETING ALL PROGRAM REQUIREMENTS

Student Signature

Date

Advisor Signature

Date