



SCHENECTADY

COUNTY COMMUNITY COLLEGE

REGISTRATION FORM

Please Print

Semester: Fall 20____ Spring 20____ Summer 20____

SCCC ID number

Social Security Number **(only if a new student)**

Last Name

First Name

MI

Street Address

City

State

Zip

Cell Phone

Home Phone

Work Phone

Email Address

County

Sex (M, F, X)

Ethnicity

Race

Birth date
(mm/dd/yy)

Citizen
(y, n)

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

- 1. Transfer to another SUNY College after earning an SCCC degree/certificate
- 2. Transfer to a non-SUNY college after earning a degree/certificate at SCCC
- 3. Transfer to another SUNY college without earning a degree/certificate at SCCC
- 4. Transfer to a non-SUNY college without earning a degree/certificate
- 5. Earn a degree/certificate at SCCC and seek employment rather than than pursue further post-secondary education
- 6. Learn new skills or upgrade existing skills without degree or certificate
- 7. Seek enrichment rather than pursue a degree or certificate
- 8. Obsolete
- 9. Uncertain

LIST HERE ALL OTHER COLLEGES ATTENDED: _____

COURSE SELECTION:

CRN	DEPT	Course#	SEC	DAYS/TIMES	CR	NOTES or SPECIAL APPROVAL

For employee-audited courses, insert appropriate budget instructions here:

I understand that I am responsible for knowing and meeting all program requirements. I understand that SUNY Schenectady County Community College (SCCC) uses a collection agency as a means of debt collection. If it becomes necessary to submit my account for collection, I agree to be responsible for collection costs of up to 40% in addition to the principal debt. I further understand that any information I have provided to SCCC may be used to assist in debt collection.

Student Signature _____ Date _____ Processed _____

Advisor Signature* _____ Date _____ Date _____
(*advisor signature not required for an employee that is auditing a course)

Supervisor Signature* _____ Date _____ Date _____
(*supervisor signature only required for an employee that is auditing a course)

VPAA Signature* _____ Date _____ Date _____
(*VPAA signature only required for an employee that is auditing a course)