

Please Print

Semester:            Fall                                  Winter                                  Spring 20                                  Summer 20

**Please complete the information below. If you are registering for a credit-bearing course, IRS regulations require us to collect Social Security numbers. This information may be returned to the Registrar's Office via U.S. mail, in-person, fax at 518.381.1493, or email at [registrar@sunysccc.edu](mailto:registrar@sunysccc.edu).**

|                |                               |                        |
|----------------|-------------------------------|------------------------|
| Last Name      | First Name and Middle Initial | Social Security Number |
| Street Address | City                          | State                  |
| Home Phone     | Cell Phone                    | Work Phone             |
| County         | Sex (M,F)                     | Email Address          |
|                | Ethnicity                     | Race                   |
|                | Birth date<br>(mm/dd/yy)      | Citizen<br>(y, n)      |

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

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

**LIST HERE ALL OTHER COLLEGES ATTENDED:** \_\_\_\_\_

**COURSE SELECTION:**

| CRN | DEPT | COURSE# | SEC | DAYS/TIMES | CR | NOTES or SPECIAL APPROVAL |
|-----|------|---------|-----|------------|----|---------------------------|
|     |      |         |     |            |    |                           |
|     |      |         |     |            |    |                           |
|     |      |         |     |            |    |                           |
|     |      |         |     |            |    |                           |
|     |      |         |     |            |    |                           |
|     |      |         |     |            |    |                           |

I understand that I am responsible for knowing and meeting all program requirements.

I understand that 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 provided to SCCC may be used to assist in debt collection.

**\*Students wishing to cross register need to contact the Registrar's office by emailing [registrar@sunysccc.edu](mailto:registrar@sunysccc.edu). Any registration done prior to cross registration approval will not be changed to a cross registration. You will be liable for all tuition and fees.\***

Student Signature \_\_\_\_\_ Date \_\_\_\_\_ Processed \_\_\_\_\_