

PLEASE CHECK IF CHANGE OF ADDRESS

ULSTER COUNTY COMMUNITY COLLEGE - REGISTRATION FORM										
STUDENT I.D. NUMBER				NAME - PLEASE PRINT				TODAY'S DATE		
				LAST		FIRST		MIDDLE		/ /
LEGAL PERMANENT HOME ADDRESS REQUIRED (NO P.O. BOXES; STREET ADDRESS ONLY)										HOME PHONE
STREET			CITY		COUNTY		STATE	ZIP		Area Code ()
MAILING ADDRESS - ONLY IF DIFFERENT FROM LEGAL ADDRESS ABOVE							LOCAL PHONE		CELL PHONE	
STREET			CITY		STATE	ZIP	Area Code ()		Area Code ()	
GENDER		DATE OF BIRTH		E-MAIL ADDRESS				Area Code BUSINESS PHONE		
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		/ /						()		
STATUS: CHECK ONE										
<input type="checkbox"/> CONTINUING AT UCCC <input type="checkbox"/> RETURNING TO UCCC <input type="checkbox"/> NEW TO UCCC <input type="checkbox"/> FIRST TIME ANY COLLEGE										
STUDENT'S MAJOR AREA OF STUDY ONLY IF ADMITTED TO PROGRAM OF STUDY BY COLLEGE					MAJOR:					
If I withdraw from class, I understand that all balances owed to the College are immediately due and payable including any financial aid funds that have not been received by the College. Any balances not paid on time are subject to late charges, litigation fees, and collection costs.							STUDENT'S SIGNATURE			
LIST BELOW COURSES YOU ARE REGISTERING FOR - SEE SCHEDULE FOR CODES, TIMES AND CREDITS.										
CRN#	COURSE CODE / SECTION	CREDITS	DAYS	TIME START/END	CRN#	COURSE CODE / SECTION	CREDITS	DAYS	TIME START/END	
				/					/	
				/					/	
				/					/	
				/					/	
ADVISER'S SIGNATURE:							NOTE: ADVISER SIGNATURE REQUIRED IF STUDENT IS ADMITTED TO A DEGREE PROGRAM.			TOTAL CREDITS
X							DATE: / /			

OPTIONAL: In case of emergency, please notify _____ at _____ PHONE NO. _____ RELATIONSHIP _____

Ethnic and disabled student information: New York State Department & U.S. Office of Education require all colleges to collect and report minority and disabled student enrollments. This information is voluntary and there is no penalty for refusal to answer.

- Do You Have A Disabling Condition? YES NO
- Are you a veteran? YES NO
- Are you a Non-Resident Alien? YES NO
- Are you Hispanic/Latino? YES NO
- If Hispanic, your background (select one):
- Central American Dominican
- Mexican Puerto Rican
- South American Other Hispanic/Latino

- Are you: (Check all that apply)
- White
 - Black or African American
 - Asian
 - American Indian or Alaska Native
 - Native Hawaiian or Other Pacific Islander

EDUCATIONAL GOALS

Please check your primary educational objective at Ulster County Community College.

TRANSFER

- to another college after earning a degree/certificate at Ulster.
- to another college without earning a degree/certificate at Ulster.

EARN A DEGREE/CERTIFICATE

- at Ulster with plans for employment.

ENROLL IN COURSEWORK

- to learn or upgrade job skills (not seeking a degree/certificate).
- for personal enrichment, enjoyment (not seeking a degree/certificate).
- to obtain a High School Equivalency Diploma (GED).

OTHER

- uncertain.

SECURITY NUMBER HAS BEEN ESTABLISHED UNDER SECTION 355 OF THE EDUCATION LAW OF THE STATE OF NEW YORK."

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ADVISER'S SIGNATURE:										TOTAL CREDITS
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ULSTER DESIGNATES THE FOLLOWING ITEMS AS DIRECTORY INFORMATION: STUDENT NAME, HOME AND LOCAL ADDRESSES, TELEPHONE NUMBERS, DATE AND PLACE OF BIRTH, MAJOR FIELD OF STUDY, PARTICIPATION IN OFFICIALLY RECOGNIZED ACTIVITIES AND SPORTS, INCLUDING WEIGHT AND HEIGHT OF MEMBERS OF ATHLETIC TEAMS, DATES OF ATTENDANCE, DEGREES AND AWARDS RECEIVED, PREVIOUS EDUCATION INSTITUTIONS ATTENDED BY THE STUDENT, AND DISTINGUISHED ACADEMIC PERFORMANCE. THE COLLEGE MAY DISCLOSE ANY OF THESE ITEMS WITHOUT PRIOR CONSENT UNLESS NOTIFIED IN WRITING TO THE CONTRARY WITHIN 14 DAYS AFTER THE START OF THE SEMESTER. SUCH NOTIFICATION MUST BE GIVEN IN WRITING EACH SEMESTER IN WHICH A STUDENT SEEKS NON-DISCLOSURE OF DIRECTORY INFORMATION. NON-DISCLOSURE FORMS ARE AVAILABLE IN THE REGISTRAR'S OFFICE, VAN 206.