

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

PLEASE CHECK IF CHANGE OF ADDRESS

<b>ULSTER COUNTY COMMUNITY COLLEGE - REGISTRATION FORM</b>										
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				
<b>LIST BELOW COURSES YOU ARE REGISTERING FOR - SEE SCHEDULE FOR CODES, TIMES AND CREDITS.</b>										
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.				<b>TOTAL CREDITS</b>
X						DATE: / /				

**OPTIONAL:** In case of emergency, please notify \_\_\_\_\_ at \_\_\_\_\_  
NAME PHONE NO. RELATIONSHIP

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

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 SUNY college after earning a degree/certificate

to a non-SUNY college after earning a degree/certificate

to a SUNY college without earning a degree/certificate

to a non-SUNY college without earning a degree/certificate

**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.