SUNY Ulster NONCREDIT REGISTRATION

ULSTER COUNTY COMMUNITY COLLEGE

BUSINESS RESOURCE CENTER
ONE DEVELOPMENT COURT, KINGSTON, NY 12401
845-339-2025 • Fax: 845-339-0780

Legal Name_____ Social Security No ☐☐☐-☐☐-☐☐☐☐

Home Address_____ City_____ Zip_____

County_____ Date of Birth____/____/____ Home Phone_____ Work / Cell Phone_____

Email Address_____ Have you taken any classes at UCCC before? **Yes** **No** Any Previous (Maiden) Name_____

Male_____ Female_____ Today's Date: ____/____/____

Payment Method ☐ Cash ☐ MasterCard ☐ Check ☐ Visa ☐ Money Order

Credit Card Number - Print Clearly ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐ Exp. Date ☐☐/☐☐

_____
Name of Credit Cardholder or Payor

Make checks / money orders payable to **UCCC**

OFFICE USE

Course Code	Course Title	Course Start Date	Course Fee
A UNIT OF THE STATE UNIVERSITY OF NEW YORK • AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY COLLEGE		Total	$

OPTIONAL INFORMATION

The New York State Department and the U.S. Office of Education require all colleges to report minority enrollments and students with disabilities enrollments.
Pleas check the appropriate box. Your response is optional.

1. ❑ White, Non-Hispanic
2. ❑ Black, Non-Hispanic
3. ❑ Hispanic
4. ❑ Asian/Pacific Islander
5. ❑ American Indian or Native Alaskan
6. ❑ Non-Resident Alien

Do you have a disabling condition? ❑ Yes ❑ No