

"DISCLOSURE OF SOCIAL SECURITY NUMBERS IS VOLUNTARY AND IS USED TO IDENTIFY STUDENT'S RECORDS ONLY. AUTHORITY TO SOLICIT THE SOCIAL SECURITY NUMBER HAS BEEN ESTABLISHED UNDER SECTION 355 OF THE EDUCATION LAW OF THE STATE OF NEW YORK."

ULSTER COUNTY COMMUNITY COLLEGE – REGISTRATION FORM

PLEASE CHECK IF CHANGE OF ADDRESS

TODAY'S DATE: ____ / ____ / ____

STUDENT I.D. NUMBER or S.S.#: ____ - ____ - ____

LAST NAME _____ FIRST NAME _____ MIDDLE _____

LEGAL PERMANENT HOME ADDRESS (NOT PO BOXES; STREET ADDRESS ONLY):

STREET NAME AND NUMBER _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

MAILING ADDRESS: (ONLY IF DIFFERENT FROM LEGAL ADDRESS ABOVE):

HOME PHONE # () _____

STREET NAME AND NUMBER OR PO BOX _____

CELL PHONE # () _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS # () _____

E-MAIL ADDRESS (REQUIRED) _____

By providing a Campus Contact e-mail Address you agree to allow SUNY Ulster staff and faculty to utilize this address to contact you regarding potentially confidential topics.

GENDER MALE
 FEMALE

DATE OF BIRTH ____ / ____ / ____

Signature _____

ULSTER DESIGNATES THE FOLLOWING ITEMS AS DIRECTORY INFORMATION: 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.

MAJOR _____

STUDENT SIGNATURE _____

LAST YEAR AND SEMESTER ATTENDED _____

STATUS: CHECK ONE CONTINUING AT ULSTER RETURNING TO ULSTER NEW TO ULSTER FIRST TIME ANY COLLEGE

OPTIONAL: In case of emergency, please notify _____ at _____
Name PHONE # RELATIONSHIP

ETHNIC AND DISABLED STUDENT INFORMATION: NEW YORK STATE DEPT. & U.S. OFFICE EDUCATION REQUIRES ALL COLLEGES TO REPORT MINORITY AND DISABLED STUDENT ENROLLMENTS. THIS INFORMATION IS VOLUNTARY AND THERE IS NO PENALTY FOR REFUSAL TO ANSWER. CHECK ONE:

1. WHITE, NON-HISPANIC 3. HISPANIC 5. AMERICAN INDIAN OR NATIVE ALASKAN 7. OTHER

2. BLACK, NON-HISPANIC 4. ASIAN/PACIFIC ISLANDER 6. NON-RESIDENT ALIEN

DO YOU HAVE A DISABLING CONDITION? YES NO

LIST BELOW THE COURSES YOU ARE REGISTERING FOR – SEE SCHEDULE FOR CODES, TIME AND CREDITS

COURSE CODE/SECTION	CRN#	CREDITS	DAYS	TIME START/END	COURSE CODE/SECTION	CRN#	CREDITS	DAYS	TIME START/END

ADVISOR'S SIGNATURE: _____ DATE: ____ / ____ / ____

PLEASE PRINT ADVISOR'S NAME _____

TOTAL CREDITS

EDUCATIONAL GOALS

Please check one box

Your primary educational objective at Ulster County Community College

TRANSFER

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

EARN A DEGREE/CERT.

- at Ulster with plans for employment

ENROLL IN COURSEWORK

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

OTHER

- uncertain
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