

Last Name: _____ First Name: _____ Middle Name: _____

REGISTRATION FORM FOR NEW NON-DEGREE STUDENTS

All non-degree students will need to verify that they have met course prerequisites before they will be permitted to register for courses that have prerequisite requirements.

Please review the **New Registration Policy Regarding Prerequisites** for further information on how to document prior satisfaction of prerequisites. In addition, you must fill out a **prerequisite waiver request form** and submit it with your documentation.

Your Social Security Number is used to coordinate the collection of information for all your student records. Authority to collect the Social Security Number is granted under Section 355 of the New York Education Law.

Social Security #: _____ TERM: _____ Fall _____ Spring _____ Summer _____ Wintersession _____ Year: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Permanent Address: _____ City: _____ State: _____ Zip Code: _____
(Address where you reside)

County (if other than Suffolk): _____ Home Phone: () _____ Cell Phone: () _____

High School Attended: _____

Date of Birth: Day _____ Month _____ Year _____ Former Name: _____

Gender: _____ Home Campus: _____ Email: _____
F=Female / M= Male

A = Ammerman (Selden)
E = East (Riverhead)
W = West (Grant/Brentwood)

Ethnicity/Race (for statistical purposes only):

- Are you Hispanic/Latino? Yes No
- If Hispanic or Latino, please indicate your ethnicity (select one):
 Cuban Dominican Mexican Puerto Rican South American Central American Other Hispanic/Latino
- All applicants please indicate your race (select one or more):
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Background Information:

1. Have you ever been convicted of a felony? Yes No
2. Have you ever been suspended from college for disciplinary reasons? Yes No
3. Have you been a legal resident of the State of New York for the past twelve (12) months? Yes No
4. Have you been a resident of the County of Suffolk for the past six (6) months? Yes No
5. Are you a citizen of the United States? Yes No
6. Are you a veteran of the United States Armed Forces? Yes No

Last Name: _____ First Name: _____ Middle Name: _____

EMERGENCY CONTACT INFORMATION

Last Name: _____ First Name: _____

Address: _____

Relationship: _____

Primary Phone: _____

Home; Work; Cell; Other

Secondary Phone: _____

Home; Work; Cell; Other

COURSE SELECTION:

CAMPUS: _____ **CRN :** _____ **SUBJECT:** _____ **COURSE:** _____ **CREDITS:** _____ ***AUDIT:** _____
(A, E, W) (ex: 91508) (ex: ENG) (ex: 101) (ex. 3) (√)

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Audit (√) = Check if auditing course. Please note: full charges still apply when auditing a course.

SIGNATURE: _____ **Date:** _____

For Office Use Only: (NEWNONM: SAAQUIK/SFAREGS)

Processed by: _____

Campus: _____

Date: _____

Revised: 11/10/16