# Continuing Education Registration Form – Fall 2015

Last Name: _____First Name: _____Middle Name: _____

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: _____

Permanent Address *(address where you reside)*: _____

City: _____ State: _____ZIP: _____

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

High School Attended:_____

Date of Birth: Day _____ Month _____ Year _____

Former Last Name: _____

Gender: _____ Home Campus:_____ Email: _____
*F=Female / M=Male A=Ammerman (Selden) E=East (Riverhead) W=West (Michael J. 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 |

Emergency Contact Information

Last Name: _____ First Name:_____

Address:_____ Relationship:_____

Primary Phone: _____ ☐Home ☐Work ☐Cell ☐ Other Secondary Phone: _____ ☐Home ☐Work ☐ Cell ☐Other

Course Selection:

| CAMPUS (A, E, W) | CRN (ex. 91508) | SUBJECT (ex. ENG) | COURSE (ex. 101) |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

Signature: _____ Date: _____

Mail this form to the Registrar's Office at the campus where you are applying for courses.

Suffolk County Community College
Eastern Campus
Registrar's Office
Speonk-Riverhead Road
Riverhead, NY 11901

Suffolk County Community College
Ammerman Campus
Registrar's Office
533 College Road
Selden, NY 11784

Suffolk County Community College
Michael J. Grant Campus
Registrar's Office
Crooked Hill Road
Brentwood, NY 11717

**********

For Office Use Only: (NEWNONM: SAAQUIK/SFAREGS)
Processed by: _____ Campus: _____ Date:_____Revised 5/10/15