

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 **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.

Social Security #: \_\_\_\_\_ (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 State Education Law. The disclosure of your Social Security Number is voluntary and you may refuse to provide this information.)\*

Term: \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Winter-session Year: \_\_\_\_\_ Home Campus: \_\_\_\_\_  
A = Ammerman (Selden) / E = East (Riverhead) / W = West (Grant/Brentwood)

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home 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: \_\_\_\_\_

Email: \_\_\_\_\_

**Gender/Ethnicity/Race:** (These questions are for statistical purposes only. Your response is optional and does not affect your admission. You will be given another opportunity to provide this information after admission if you wish to do so.)

- Please indicate your gender:  Female  Male
- 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
- 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 suspended, dismissed or expelled from college or university for disciplinary reasons?  Yes  No
2. Are you a citizen of the United States?  Yes  No
3. Are you a veteran of the United States Armed Forces?  Yes  No

#### Residency:

1. Have you been a legal resident of the State of New York for the past twelve (12) months?  Yes  No
2. Have you been a resident of Suffolk County for the past six (6) months?  Yes  No

**Note:** If you are a NYS resident but have not resided in Suffolk County for six months, contact the County Clerk's Office in your county of residence for a Certificate of Residency Form or download the form on our website at: [www.sunysuffolk.edu/out-of-county](http://www.sunysuffolk.edu/out-of-county).

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

**Emergency Contact Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Home;  Work;  Cell;  Other

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.

\*The Personal Privacy Protection Law requires this notice to be provided when collecting personal information from individuals. The information on this registration form will be used by SCCC to evaluate your request for admission and will be incorporated into your student records if and when you enroll. Failure to provide the requested information could prevent your application from being processed. The authority to request this information is found in Section 355(2)(h) of the Education Law. This application information will be maintained in the College Records Office. The official responsible for the maintenance of this information is the College Registrar, Suffolk County Community College, 533 College Road, Selden, NY 11784.

**Non-Discrimination Notice:** Suffolk County Community College does not discriminate on the basis of race, color, religion, creed, sex, age, marital status, gender identity or expression, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, national origin, military or veteran status, domestic violence victim status, or disability in its admissions, programs and activities. For more information, see: [www.sunysuffolk.edu/nondiscrimination](http://www.sunysuffolk.edu/nondiscrimination). The following person has been designated to handle inquiries regarding the College's non-discrimination policies: **Civil Rights Compliance Officers, Christina Vargas**, Chief Diversity Officer/Title IX Coordinator; Ammerman Campus, NFL BLDG., Suite 230, 533 College Road, Selden, New York 11784; [vargasc@sunysuffolk.edu](mailto:vargasc@sunysuffolk.edu); (631) 451-4950.

Contact Public Safety at any time 24 hours a day/7 days a week (631) 451-4242 or 311 from any College phone. Inquiries may also be directed to the United States Department of Education's Office for Civil Rights, 32 Old Slip 26th Floor, New York, NY 10005-2500; Tel. (646) 428-3800; Email: [OCR.NewYork@ed.gov](mailto:OCR.NewYork@ed.gov).

All campus crime statistics are available on the College website at [sunysuffolk.edu/Safety](http://sunysuffolk.edu/Safety).

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

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

Processed by: \_\_\_\_\_ Campus: \_\_\_\_\_ Date: \_\_\_\_\_