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: ( ) _____**

DATE OF BIRTH: **DAY**_____ **MONTH**_____ **YEAR**_____ **Former Name** _____

GENDER:

_____
F = Female
M = Male

HOME CAMPUS:

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

ETHNICITY (For statistical purposes only):

_____
1 = Caucasian
2 = African American
3 = Hispanic
4 = Asian / Pacific Islander
5 = American Indian
6 = Other

E-mail:_____

COURSE SELECTION:

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

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

SIGNATURE:_____ **Date**:_____

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

For what purpose are you attending SCCC? Choose the one response which best describes your intentions:

1. ☐ Uncertain/no definite purpose in mind
2. ☐ To take a few courses for job-related advancement
3. ☐ To take a few courses for self-improvement
4. ☐ To take courses and transfer to a non-State University of New York (SUNY) school prior to completing a degree
4a. ☐ To take courses and transfer to a State University of New York (SUNY) school prior to completing a degree
5. ☐ To obtain or maintain a license or certification (i.e. without completing a degree)
6. ☐ To complete a one-year certificate program
7. ☐ To complete an associate's (two-year) degree for entry into the workforce
8. ☐ To complete an associate's (two-year) degree and transfer to a non-State University of New York (SUNY) school bachelor's (four-year) degree program
8a. ☐ To complete an associate's (two-year) degree and transfer to a State University of New York (SUNY) school bachelor's (four-year) degree program
9. ☐ Non-applicable

FOR OFFICE USE ONLY:
EDUCATIONAL GOAL:
(NEWNONM: SAAQUIK)

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. NY State resident for prior 12 months ☐ Yes ☐ No Suffolk County resident for prior 6 months ☐ Yes ☐ No

EMERGENCY CONTACT INFORMATION

1. Last Name:_____ First Name:_____

   Address:_____

   Relationship (Please check one): ☐ **A=Ex-spouse** ☐ **B=Brother** ☐ **C=Child** ☐ **F=Father** ☐ **G=Grandparent** ☐ **M=Mother**
   ☐ **N=Neighbor** ☐ **O=Other Relative** ☐ **P=Spouse** ☐ **R=Friend** ☐ **S=Sister** ☐ **U=Guardian** ☐ **X=Significant Other**

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

2. Last Name:_____ First Name:_____

   Address:_____

   Relationship (Please check one): ☐ **A=Ex-spouse** ☐ **B=Brother** ☐ **C=Child** ☐ **F=Father** ☐ **G=Grandparent** ☐ **M=Mother**
   ☐ **N=Neighbor** ☐ **O=Other Relative** ☐ **P=Spouse** ☐ **R=Friend** ☐ **S=Sister** ☐ **U=Guardian** ☐ **X=Significant Other**

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

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

Processed by: _____ **Campus:**_____ **Date:**_____ **Revised: 8/20/14**