

CONTINUING EDUCATION REGISTRATION

Continuing Education Registration Form

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 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 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)	TUITION AND FEES

Form of Payment Check Money Order Amount Due: _____

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