Continuing Education Registration Form – Fall 2019

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

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 the College to evaluate your request for registration and will be incorporated into your student records if/when you enroll. Failure to provide the requested information could prevent your registration from being processed. The authority to request this information is found in Section 355(2)(h) of the NYS Education Law. This registration form information will be maintained in the College Records Office and/or by the Office for Continuing Education, as appropriate. The official(s) responsible for the maintenance of this information is the College Registrar and/or the Office for Continuing Education, Suffolk County Community College, 533 College Road, Selden, NY 11784. 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. The disclosure of your Social Security Number is voluntary and you may refuse to provide this information.

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: _____

Home Campus: _____ Email: _____
A=Ammerman (Selden) E=Eastern (Riverhead) W=West (Michael J. Grant/Brentwood)

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

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 from college for disciplinary reasons?	☐ Yes	☐ No
2. Have you been a legal resident of the State of New York for the past twelve (12) months?	☐ Yes	☐ No
3. Have you been a resident of the County of Suffolk for the past six (6) months?	☐ Yes	☐ No
4. Are you a citizen of the United States?	☐ Yes	☐ No
5. 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 any Registrar's Office listed below.

Suffolk County Community College
Eastern Campus
Registrar's Office
121 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

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For Office Use Only: (NEWNONM: SAAQUIK/SFAREGS)
Processed by: _____ Campus: _____ Date: _____ Revised 10/19/17