SUNY SCHENECTADY COUNTY COMMUNITY COLLEGE

REGISTRATION FORM

Please Print

Semester: Fall 20____ Spring/Winter 20____ Summer 20____

SCCC ID number _____ Social Security Number **(only if a new student)** _____

Last Name _____ First Name _____ MI _____

Preferred Name _____

Street Address _____ City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Work Phone _____ Email Address _____

County _____ Sex (M, F, X) _____ Ethnicity _____ Race _____ Birth date mm/dd/yyyy _____ Citizen (y/n) _____

Student Goals: Check the box next to the statement which most accurately reflects your current educational goal at SCCC:

- ☐ 1. Transfer to another SUNY College after earning an SCCC degree/certificate
- ☐ 2. Transfer to a non-SUNY college after earning a degree/certificate at SCCC
- ☐ 3.Transfer to another SUNY college without earning a degree/certificate at SCCC
- ☐ 4. Transfer to a non-SUNY college without earning a degree/certificate
- ☐ 5. Earn a degree/certificate at SCCC and seek employment rather than than pursue further post-secondary education
- ☐ 6. Learn new skills or upgrade existing skills without degree or certificate
- ☐ 7. Seek enrichment rather than pursue a degree or certificate
- ☐ 8. Obsolete
- ☐ 9.Uncertain

LIST HERE ALL OTHER COLLEGES ATTENDED: _____

COURSE SELECTION:

CRN	Subject, Course # and Section	Credits	Notes or Special Approval

I understand that I am responsible for knowing and meeting all program requirements.

I understand that Schenectady County Community College (SCCC) uses a collection agency as a means of debt collection. If it becomes necessary to submit my account for collection, I agree to be responsible for collection costs of up to 40% in addition to the principal debt. I further understand that any information I have provided to SCCC may be used to assist in debt collection.

Student Signature_____ Date_____

Advisor Signature_____ Date_____

☐ **Check this box for electronic submission.** By typing your name in the signature field and checking this box, you agree that this is your official signature for the purposes of processing by the school. You agree to send this form with SUNY Schenectady email address and understand that not doing so will nullify the form contents.

For Office Use Only: Date Processed _____ Processed By _____

rev. 10/28/25