



SCHENECTADY
COUNTY COMMUNITY COLLEGE

VISITING STUDENT REGISTRATION FORM

Please Print

Semester: Fall Winter Spring 20 Summer 20

Please complete the necessary information below. If you are registering for a credit bearing course, per IRS Regulations your Social Security number is required. Please do not include your Social Security Number on this form in any capacity. Once your registration has been confirmed, you will receive a letter requesting you provide your Social Security Number. This information may be returned to our office via U.S. Mail or in-person.

Last Name		First Name		MI
Street Address		City	State	Zip
Home Phone	Cell Phone	Work Phone	Email Address	
County	Sex (M,F)	Ethnicity	Race	Birth date (mm/dd/yy)
				Citizen (y, n)

- Student Goals: Check the box next to the statement which most accurately reflects your current educational goal at SCCC:**
- | | |
|--|---|
| <input type="checkbox"/> 1. Transfer to another SUNY College after earning an SCCC degree/certificate | <input type="checkbox"/> 6. Learn new skills or upgrade existing skills without degree or certificate |
| <input type="checkbox"/> 2. Transfer to a non-SUNY college after earning a degree/certificate at SCCC | <input type="checkbox"/> 7. Seek enrichment rather than pursue a degree or certificate |
| <input type="checkbox"/> 3. Transfer to another SUNY college without earning a degree/certificate at SCCC | <input type="checkbox"/> 8. Obsolete |
| <input type="checkbox"/> 4. Transfer to a non-SUNY college without earning a degree/certificate | <input type="checkbox"/> 9. Uncertain |
| <input type="checkbox"/> 5. Earn a degree/certificate at SCCC and seek employment rather than than pursue further post-secondary education | |

LIST HERE ALL OTHER COLLEGES ATTENDED: _____

COURSE SELECTION:

CRN	DEPT	Course#	SEC	DAYS/TIMES	CR	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.

Students wishing to cross register need to contact the Registrar’s office by emailing registrar@sunysccc.edu. Any registration done prior to cross registration approval will not be changed to a cross registration. You will be liable for all tuition and fees.

Student Signature _____ Date _____ Processed _____