

Please Print

Semester: Fall 20 Winter 20 Spring 20 Summer 20


Please complete the information below. If you are registering for a credit-bearing course, IRS regulations require us to collect Social Security numbers. This information may be returned to the Registrar's Office via U.S. mail, in-person, fax at 518.381.1493, or email at registrar@sunysccc.edu.

Last Name		First Name and Middle Initial		Social Security Number	
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 SUNY Schenectady:

- | | |
|---|---|
| <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 pursue further post-secondary education | |

 **LIST HERE ALL OTHER COLLEGES ATTENDED:** _____

 **All new and returning students must answer this question.**

 **Have you ever been dismissed from any college for disciplinary reasons?**

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 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 _____