NORTH COUNTRY COMMUNITY COLLEGE
The State University of New York

## Center for Lifelong Learning Form – Registrar's Office


23 Santanoni Avenue
Saranac Lake, NY 12983
Fax: (518) 891-4236
Phone: (518) 891-2915 ext. 1689

75 William Street
Malone, NY 12953
Fax: (518) 483-0957
Phone: (518) 891-2915 ext. 3229

11 Hawkeye Trail
Ticonderoga, NY 12883
Fax: (518) 891-4236
Phone: (518) 891-2915 ext. 2201


**NAME:** _____ **Birth Date:** _____

**ADDRESS:** _____
Number and Street

_____ **E-Mail Address:** _____
City State Zip

**TELEPHONE** (in case of schedule change) **Day:** _____**Eve:** _____

★ **Have you ever been convicted of a felony? ☐Yes ☐No** **<u>If you answer yes, you must complete additional paperwork before registration.</u>**

**EMERGENCY CONTACT:**

NAME: _____ TELEPHONE (Day):_____ Eve):_____

| Course Title | Start Date | Week Day | Time | Room |
|---|---|---|---|---|
| | | | | |
| | | | | |

**Signature** _____ **Date** _____

**Parent/Guardian Name (please print):**_____

**Parent/Guardian Signature (*If the student is under 18 years of age*)** _____ **Date** _____

**REFUND POLICY**: Requests for full refunds must be made to the Records Office <u>BEFORE</u> the first session.

**COURSE CANCELLATIONS**: CLL reserves the right to cancel any course with insufficient enrollment. Those registered will be notified by e-mail, mail or phone. Classes that must be cancelled due to circumstances beyond the College's control (weather, instructor illness, etc.) will either be rescheduled or, if rescheduling is not possible, a partial refund will be issued.

**SENIOR CITIZEN DISCOUNT**: Applicants over the age of 60, are eligible to receive a 20% discount on the tuition (does not include book/material fees), but they must request it at the time of registration.

**STUDENT DISCOUNT:** If you are a current fulltime student at the College, you are eligible to receive a 30% discount on the tuition (does not include book/material fees), but they must request it at the time of registration.

### PAYMENT METHOD (Business Office Use Only)

Cash _____ Check _____ MasterCard/Visa (circle one) _____ Card #_____

Exp. Date _____ Name of cardholder _____

Receipt # _____ Amount $ _____ Date _____ Initial _____

| Tuition | Fees | Discount | Total |
|---|---|---|---|
| | | | |