NORTH COUNTRY COMMUNITY COLLEGE NON-MATRICULATED REGISTRATION FORM

FAX: 518-891-4236 **STUDENTS NOT ENROLLED IN A CERTIFICATE/DEGREE PROGRAM** **EMAIL: records@nccc.edu**

SEMESTER: (CHECK ONE) ☐ **FALL** ☐ **WINTERIM** ☐ **SPRING** ☐ **SUMMER** **YEAR** _____

CAMPUS _____

Social Security Numbers are used to facilitate admission and reporting processes. This has been established under Section 355 of the Education Law of the State of New York.

SOCIAL SECURITY NUMBER _____ or **STUDENT ID NUMBER** _____

Mr./Ms./Mrs. _____ (Last), _____ (First), _____ (MI) / _____ (Other Name(s) Used)

Mailing Address _____ (PO Box or Number / Street) (City) (County) (State) (Zip Code) (Telephone)

Home Address (PHYSICAL) _____ (Number & Street) (City) (County) (State) (Zip Code) (Telephone)

How long have you lived at your current address? _____**Years** **If less than one (1) year, please provide your previous physical address:**

_____ (Number & Street) (City) (County) (State) (Zip Code)

E-mail Address _____ **Male** ☐ **Female** ☐ **Are you a Veteran of the U.S. Military:** ☐ **Yes** ☐ **No**

Emergency Contact _____ (Name) (Day Phone) (Evening Phone) (Cell Phone)

Have you ever enrolled for credit courses at NCCC? _____ **If so, last date of attendance** _____ (Semester/Year)
Open SUNY student? If so, please check here. ☐

Birth Date _____ **Name of High School**_____**Year of Graduation**_____

OR Year of Equivalency Diploma _____

Check box if you have been: ☐ **Convicted of a felony (if yes additional paperwork required before continuing registration)**
☐ **Dismissed from a college for disciplinary reasons**

Ever attended another college? Yes ☐ **No** ☐ **Name of College and degree earned, if any:** _____

Citizenship: ☐ **U.S.** ☐ **Permanent U.S. Resident** ☐ **Non-resident alien** ☐ **Other** (Country) _____

OPTIONAL: Ethnicity/Ethnic Background_____ ***To be used for reporting purposes only.***

Dept. Code	Course No.	Section Letter	Days	Times	Building/Room	Credits
					TOTAL CREDITS →	

READ BEFORE SIGNING: I understand that, by signing this registration form, I am formally registered for the above-indicated semester and have incurred a financial obligation to pay for these courses unless I formally drop the courses prior to the start of the semester. I further understand that it is my responsibility to obtain a Certificate of Residency from my County Treasurer's Office and submit to the College no later than 30 days after the start of the semester. I acknowledge if I do not comply I will be charged out of state tuition.

_____

STUDENT SIGNATURE **DATE** **PARENT/GUARDIAN SIGNATURE (IF STUDENT UNDER AGE 18)**

EDUCATIONAL OBJECTIVE

At the request of the State University of New York, every student enrolled in a credit course at a SUNY community college must be asked for a statement of his or her current educational objective prior to every semester for which they enroll.

Please answer the following question: What is your primary educational objective at North Country Community College?
Place a check (✓) mark next to the best response.

1. _____ Transfer to another college after earning a degree/certificate at NCCC
2. _____ Transfer to another college without earning a degree/certificate at NCCC
3. _____ Earn a degree/certificate at NCCC with plans for employment
4. _____ Enroll in coursework to learn or upgrade job skills (Not seeking a degree or certificate)
5. _____ Enroll in coursework for personal enrichment, enjoyment (Not seeking a degree or certificate)
6. _____ Enroll in coursework to obtain a High School General Equivalency Diploma (G.E.D.)
7. _____ Uncertain

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