

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 _____
 SLN (SUNY Learning Network) student? If so, please check here. Semester/Year _____

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 Office and submit to the College no later than 30 days prior to 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

