



Student REGISTRATION FORM | PART 1 OF 2

FALL SPRING SUMMER YEAR: 20____ Check ONE semester only.

CONTACT INFORMATION: Please complete the information below. Print clearly.

Name _____ Social Security Number _____

Former Name (if applicable) _____ Student ID Number _____

Permanent Address _____ APT # _____ Phone (home) (____) _____ - _____

City/State/Zip _____ Phone (cell) (____) _____ - _____
 include me in text messaging notification

County of Residence _____ E-Mail Address _____

Local Address (if different than above) _____ Emergency Contact Name _____

City/State/Zip _____ Emergency Contact Phone _____

NEW YORK STATE REQUIRED INFORMATION

Birth Date (Month/Day/Year): _____ / _____ / _____

Gender: Male Female

Veteran: Yes No

Citizenship Information:

U.S. Citizen

Permanent Resident — Country of citizenship _____

Not a U.S. Citizen — Country of citizenship _____

Visa Type _____

English is not my first language

My first language is _____

Are you Hispanic/Latino? _____ Yes _____ No

If yes, check only ONE of the following:

1. Central American

2. Dominican

3. Mexican

4. Puerto Rican

5. South American

6. Other Hispanic/Latino

Please indicate your race (select one or more):

1. American Indian or Alaskan Native

2. Asian

3. Black-African American

4. Native Hawaiian or Other Pacific Islander

5. White

Graduated from High School? _____ Yes _____ No

Date of H.S. Graduation or Anticipated Graduation _____

Received G.E.D.? Yes No

Date received G.E.D. _____

Check all that apply:

I am a single parent

I am a displaced homemaker

I have participated in a Tech Prep/Career Pathways program

Check only ONE statement that corresponds to your goal for attending TC3:

1. Transfer to another SUNY college after earning a degree.

2. Transfer to a non-SUNY college after earning a degree.

3. Transfer to another SUNY college without earning a degree.

4. Transfer to a non-SUNY college without earning a degree.

5. Earn a degree/certificate and seek employment rather than pursue further post secondary education.

6. Learn new skills or upgrade existing skills without earning a degree.

7. Seek enrichment rather than to pursue a degree/certificate.

8. Obtain a Certificate of General Education Development (GED) through the accumulation of college credits.

9. Uncertain. Student has not determined his/her educational goal at this time.

Check only ONE of the statements below:

I am a current student at TC3.

I have attended TC3 in the past.

I have never attended TC3.

I have never attended TC3, but have attended another college.

The college I last attended was: _____

If you received a degree, please specify the degree:

_____ AAS _____ BA/BS _____ Masters _____ PHD

COURSE REGISTRATION: Complete the chart below with the course(s) you wish to take.

NOTE: Students wishing to take a course requiring a prerequisite must provide proof (unofficial transcript, grade report) of successful completion of the prerequisite course or receive the course instructor's permission in order to register.

Your enrollment in the course(s) below is subject to availability at the time your registration form is processed

Name: _____ Student ID# _____

Course Name/Number	Credits	Section	Sub Type	Audit	Instructor Signature	Advisor Signature
sample: ENGL 101	3	01	Lec	N	Instructor approves that the student may register for the course without the prerequisite.	Advisor approves that the student has met the prerequisite in an alternate way.

Student Agreement: I agree to abide by all Campus/College rules and regulations. I agree to pay TC3 for tuition and fees and any reasonable collection costs if applicable.

Student Signature: _____ Date: _____

Immunization Requirement: Students registering for 6.0 credits or more and born on or after January 1, 1957 must provide proof of MMR immunization to the TC3 Health Center. Call 607.844.8222, Ext. 4487 for more information.

Advisor Signature: _____ Date: _____

METHOD OF PAYMENT

If proof of residence is not provided in the time required you will be charged nonresident tuition.

Check Money Order Credit Card

Payable to: Tompkins Cortland Community College

To pay by credit card complete the following: MasterCard Visa Discover

I authorize Tompkins Cortland Community College to charge tuition and fees to my account.

Account Number: _____ Expiration Date: _____

Cardholder Name: (please print) _____

Cardholder Signature: _____

REFUND POLICY: If you drop a course or withdraw from the College, you will be charged non-refundable tuition, fees, housing and meals according to the following schedule for 15-week courses.

FALL AND SPRING SEMESTERS

Prior to the start of classes0%
 During the first week of classes25%
 During the second week of classes50%
 During the third week of classes75%
 After the third week of classes100%

SUMMER SEMESTER

On or before the last date to drop a course....0%
 After the last date to drop a course100%

*Non-refundable charges will be prorated on a similar schedule for courses less than 15 weeks. Payments in excess of final liability will be refunded to the student. Non-payment of tuition and fees does not constitute an automatic withdrawal.

PLEASE SUBMIT THIS FORM WITH PAYMENT:



BY MAIL

Payment must be included. Once we receive and process your registration form, a class schedule and receipt of payment will be mailed to you.

MAIL TO: TC3, Enrollment Services Center • P.O. Box 139
170 North Street • Dryden, NY 13053-0139



BY FAX

Payment must be made by MasterCard, Visa or Discover.

FAX TO: 607.756.7562 or 607.844.6541



IN PERSON

Payment must be provided at time of registration.

DRYDEN: Room 215 ■ 170 North Street ■ 607.844.6580
 ITHACA: 118 North Tioga Street ■ 607.272.3025
 CORTLAND: 22 West Court Street ■ 607.756.5275