STUDENT INFORMATION: Complete the information below. Please print clearly.

Name__________________________________________________________
Former Name (if applicable)________________________________________
Permanent Address _______________________________________ Apt #_______
City/State/Zip________________________________________________________
County of Residence___________________________________________________
Local Address (if different than above) ______________________________________________________
City/State/Zip__________________________________________________________

Student REGISTRATION FORM | Part 1 of 2
☐ FALL  ☐ WINTER  ☐ SPRING  ☐ SUMMER  YEAR: 20____  Check ONE semester only.

NEW YORK STATE REQUIRED INFORMATION: Please complete the information below. Print clearly.

Birth Date (Month/Day/Year): _____/_____ /_____
Gender: ☐ Male ☐ Female

Military Service Status (please check one if applicable):
☐ Active Military Duty
☐ Dependent of Active Duty Personnel
☐ Veteran
☐ Dependent of Veteran
☐ National Guard or Active Reserve
☐ Other

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

Check only ONE statement that corresponds to your goal for attending Tompkins Cortland Community College:
☐ 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 Tompkins Cortland Community College.
☐ I have attended Tompkins Cortland Community College in the past.
☐ I have never attended Tompkins Cortland Community College.
☐ I have never attended Tompkins Cortland Community College, but have attended another college.

The college I last attended was: ______________________________________

If you received a degree, please specify the degree:
☐ AAS  ☐ AA/AS  ☐ BA/BS  ☐ Masters  ☐ Ph.D.
NOTE: If you are registering for a course that requires a prerequisite(s) and you took the course at another institution, you must provide proof (unofficial transcript, grade report) of successful completion of the prerequisite course. **If you have not successfully completed the prerequisite course(s), you must obtain the course instructor's permission (signature or email) in order to register.**

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

<table>
<thead>
<tr>
<th>Course Name/Number</th>
<th>Credits</th>
<th>Section</th>
<th>Sub Type</th>
<th>Audit</th>
<th>Instructor Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>sample: ENGL 101</td>
<td>3</td>
<td>MO1</td>
<td>LEC</td>
<td>N</td>
<td>Instructor approves that the student may register for the course without the prerequisite.</td>
</tr>
</tbody>
</table>

**Student Agreement:**

I agree to abide by all College/campus policies and procedures.

I understand and accept that if I fail to pay my student account bill or any monies due and owing Tompkins Cortland Community College by the scheduled due date, and fail to make acceptable payment arrangements to bring my account current, Tompkins Cortland Community College may refer my delinquent account to a collection agency. I further understand that I am responsible for paying the collection agency fee which may be based on a percentage at a maximum of 33.3333 percent of my delinquent account, together with all costs and expenses necessary for the collection of my delinquent account. Finally, I understand that my delinquent account may be reported to one or more of the national credit bureaus.

Student Signature: ___________________________________________________________________________ Date: ______________

Advisor Signature: ___________________________________________________________________________ Date: ______________

**Immunization Requirement:**

Students registering for six credits or more and born on or after January 1, 1957 must provide proof of MMR immunization to the Tompkins Cortland Community College Health Center. Call 607.844.8222, Ext. 4487 for more information.

**SUBMIT THIS FORM:**

**BY MAIL**
Tompkins Cortland Community College, Enrollment Services Center
P.O. Box 139 | 170 North Street | Dryden, NY 13053-0139

**BY FAX**
607.844.6541

**IN PERSON**
DREYDEN: Room 101 | 170 North Street | 607.844.6580
ITHACA: 118 North Tioga Street | 607.272.3025
CORTLAND: 157 Main Street | 607.756.5275

Once we receive and process your registration form, a class schedule will be mailed to you.