

Office of the Registrar
Warren Hall**REGISTRATION FORM****Banner Student ID #:** _____ **Semester:** _____**Student Name:**
First _____ Middle/Maiden _____ Last _____**Local Address:**
Street _____ City _____ State _____ ZIP _____**Permanent Address:**
(if applicable) Street _____ City _____ State _____ ZIP _____**Cell Phone:** () _____ **Other Phone:** () _____**Email Address:** _____ **Total Credit Hours Earned:** _____
(to date at SUNY Adirondack)**IN CASE OF AN EMERGENCY****Emergency Contact Name:** _____**Relationship to Student:** _____ **Emergency Contact Phone #:** () _____**EDUCATIONAL GOAL****What is the most important reason for attending SUNY Adirondack at this time?** (Please ✓ one)

- Transfer to another SUNY college after earning a degree (1A)
- Transfer to a non-SUNY college after earning a degree (1B)
- Transfer to another SUNY college without earning a degree (2A)
- Transfer to a non-SUNY college without earning a degree (2B)
- Earn a Degree/Certificate and seek employment (3)
- Learn new skills/upgrade existing skills without earning a degree (4)
- Seek enrichment rather than to pursue a Degree or Certificate (5)
- Uncertain (7)

Please check if you are enrolling in any of the following programs:

- Pre-Nursing Track
- Veterinary Science Technology

Other than SUNY Adirondack, last college attended: _____**Date of last attendance at previous college:** _____**Have you ever been dismissed and/or suspended from a college for disciplinary (non-academic) reasons?**

- Yes*
- No

***NOTE:** If you answer 'Yes' to this question, you must complete additional paperwork through the Office of Admissions.

STATEMENT OF FINANCIAL RESPONSIBILITY

By registering for classes at SUNY Adirondack, I acknowledge and agree that I am financially responsible for all charges related to my registration and housing.

I understand that if financial payment and/or arrangements have not been made by the due date, the College reserves the right to remove me as a student for non-payment, deny me access to my registered classes, and/or place a "hold" on my student records restricting me from registering, graduating, and/or obtaining a transcript until the account is paid in full. I am responsible for all late charges incurred.

I also understand that if my financial aid is reduced or canceled, I am responsible for all charges on my account. Failure to attend classes does not absolve me from financial liability. In all cases it is my responsibility to drop classes by the published drop/add date(s) and I accept financial liability for these classes in accordance with the SUNY Adirondack Bill Adjustment/Liability Schedule (<http://www.sunyacc.edu/refund-policy>). SUNY Adirondack may call (personally or automated) or text any phone number that I have provided to the College and leave a message regarding any outstanding account I have. I understand that, if the College texts me, I will be able to opt out. The College may use a collection agency or take legal action for any account balance due and I will be responsible for all charges owed which may include collection and/or litigation costs or attorney fees.

I understand that the College will (1) electronically post my 1098-T form (Tuition Statement) to my Banner account so I can download the form for tax purposes and (2) mail a paper copy of my 1098-T to my primary address on file. I understand that I am responsible for providing the College with updated contact information either through Banner or in person at the Registrar's Office in Warren Hall or at the Wilton Center.

Federal Student Financial Aid Permission Statement (applicable for Federal Financial Aid recipients ONLY):

I give SUNY Adirondack permission to use any federal student aid (Pell Grant, SEOG, Direct Loan) to pay any current charges that I incur for educational related activities and any other charges (institutional and non-institutional) related to my attendance. I understand that at any time I may contact the Student Accounts (Bursar) Office to revoke this permission regarding the use of my federal student aid.

My signature below indicates that I am in agreement with and/or acknowledge the statements above. Acceptance and acknowledgement of this Financial Responsibility Agreement is required in order to process your course registration below.

Student Signature: _____ **Date:** _____

COURSE SCHEDULE

CRN #	SUBJECT and COURSE NUMBER	TITLE	CR	M	T	W	R	F	S	TIMES

FOR CENTER FOR STUDENT SUCCESS/WILTON STAFF USE ONLY

Declaration of Major:
(For First Semester Students ONLY) _____ **Spanish 3 Score and Year:** _____

Office of Student Success/Wilton Staff Signature: _____