

REGISTRATION FORM for NEW NON-MATRICULATED STUDENTS

- Non-matriculated students may attend on a part-time basis only. Non-matriculated students can earn a maximum of 18 credit hours at SUNY Adirondack prior to matriculation.
- Non-matriculated students are not eligible to receive financial aid.
- Non-matriculated students enrolling in courses with prerequisites are required to show proof of prerequisites by submitting copies of their transcripts to the Office of the Registrar
- You must submit proof of immunizations as required by relevant NYS Public Health Laws.

GENERAL INFORMATION

Student Name:	First	Middle/Maiden	Last
Social Security #:			
<i>If you are a non-citizen, we will require a copy of your social security card if a social security number is indicated above.</i>			
Sex:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth (mm/dd/yy):
Permanent Address:	Street	City	State ZIP
Cell Phone:	()	Other Phone:	()
Email Address:			

CITIZENSHIP AND RESIDENCY INFORMATION

Are you a NYS Resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If yes, you must submit a Certificate of Residency to the Student Accounts office within 60 days of the beginning of the semester.</i>	
Are you a US citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <i>(If you are a non-citizen, we will require a copy of your Visa.)</i>		
If no, are you a permanent resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Visa Type:	
Foreign Students ONLY:	<i>Please enter a permanent mailing address with postal code</i>			

ETHNICITY

Please indicate your ethnicity:	<input type="checkbox"/> White (1)	<input type="checkbox"/> Black or African American (2)	<input type="checkbox"/> Asian (4)
	<input type="checkbox"/> American Indian or Alaska Native (5)	<input type="checkbox"/> Native Hawaiian or Pacific Islander (8)	
	<input type="checkbox"/> Non-resident alien (6) <i>If non-resident, what is your country of origin?</i> _____		
Are you Hispanic/Latino?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, what is your background?	<input type="checkbox"/> Dominican (H1)	<input type="checkbox"/> Puerto Rican (H3)	<input type="checkbox"/> South American (H5)
	<input type="checkbox"/> Mexican (H2)	<input type="checkbox"/> Central American (H4)	<input type="checkbox"/> Other Hispanic/Latino (H6)

EDUCATION INFORMATION

High School Diploma	Name of High School	Year Graduated
GED/TASC	Date Completed	
Other Colleges Attended		
Have you ever been dismissed and/or suspended from a college for disciplinary (non-academic) reasons?		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

IN CASE OF AN EMERGENCY

Emergency Contact Name	
Relationship to Student	Emergency Contact Phone #:

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 (11 credits maximum per semester, with a maximum of 18 credit hours earned prior to matriculation.)

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

FOR REGISTRAR USE ONLY

Initials: _____ **Date:** _____