SUNY Adironda	ack Office of	Records and	Registration
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ADDRESS: 640 Bay Road, Queensbury, NY 12804-1445 | CALL: 518.743.2279 | FAX: 518.832.7601 | EMAIL: registrar@sunyacc.edu

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	d and Cross F I be used for <i>I</i>	Registration stude Accepted Studen	ents must it Day reg	use Non-Matric		gistration Form. ner registration is not an option.
Semester:	Summer	🗆 Fall 🗅 Wi	nter	Spring	Year:	Date:
STUDENT INFORMA Student Name (Plea						
Banner ID:						
Student Status: Please select:	First Year	Transfer	🗆 Co	ntinuing 🛛 🛱	eturning	
representative o	of their office ry Benefits.	prior to adjustin If you receive	ng your N Military	Vajor, as it may Benefits, you s	have implication	inancial Aid, you should check-in with a ns on the Aid you receive. vith the Veteran School Certifying Official e.
Permanent Address	(Street, City,	State, Zip):				
Cell Phone (includin	ig area code)	:				
Email Address:					om / uon ocodom	
•		•	m a colle	ege for disciplin	ary (non-academ	i c) reasons? □Yes □No
EMERGENCY CONT Emergency Contact N						
						ber:
	demic progran	n information is a	available i	•	• • •	og.sunyacc.edu/programs). edu/academics/microcredentials).
Primary Major:						
Secondary Major:						
Microcredential:						
COURSE REGISTRA	TION INFOR	MATION				
CRN		Subject ar	nd Cours	e Number		

Statement of Financial Responsibility and Registration Verification

By registering for classes at SUNY Adirondack, I acknowledge and agree that I am financially responsible for all charges related to my registration, books 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 and/or receiving my diploma until the account is paid in full. I am responsible for all late charges incurred.

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. 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 SUNY Adirondack Saratoga.

Federal and State Financial Aid Acknowledgement and Permission Statement: I understand that financial aid (state and federal) is only available to matriculated students. A matriculated student is a student who has been accepted to the College and is pursuing a SUNY Adirondack degree. If I am a matriculated student who is eligible for financial aid and my financial aid is reduced or canceled for any reason, I am responsible for all charges on my account. 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. I certify that the information provided on this registration form is correct and that I have read all instructions and statements on this form and understand the implications and requirements for registration at SUNY Adirondack. Acceptance and acknowledgement of this Financial Responsibility Agreement is required in order to process your course registration.

Student Signature:

_____Date: _____

Completed forms, prerequisite proof if necessary and a copy of your ID should be emailed to <u>advising@sunyacc.edu</u> for review by an academic advisor. Forms will then be sent to the <u>registrar@sunyacc.edu</u> for processing.

Student Success Center/Saratoga Staff/Faculty Advisor Use Only:

*Unofficial transcripts must be attached for registration to be processed. Official transcripts and scores will be needed for transfer credit.

The student has completed the following previous degree(s) at SUNY Adirondack:

□ Complete 21 credit review if the student has a previous degree from SUNY Adirondack.

The student has not completed any prior degrees at SUNY Adirondack.

The student has transfer credits that needs to be evaluated. Notes:

Advisor Signature/Name: _____

Date: _____

For Registrar Use Only:

Initials:

Date Processed: _____

Updated 4/21/23