SUNY ADIRONDACK

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

Non-Matriculated Student Registration Form

NON-MATRICULATED STUDENT POLICY: Non-matriculated students are **not eligible to receive financial aid** (i.e. Pell, TAP, Loans, etc.). Non-Matriculated Students receive grades and GPA calculations but **do not receive an academic standing or academic honors.** Non-matriculated students can **earn a maximum of 36 credit hours** at SUNY Adirondack prior to matriculation. Students nearing the 36 credit hour limit should contact the Admissions Office to learn more about matriculation. Information about matriculation are available in the College Catalog at; http://catalog.sunyacc.edu/admissions/quickguide.

I understand the non-matriculated student policy outlined above and available in the Catalog: _____ (Initial)

NON-MATRICULATION STEPS:

- Submit this completed form to the Office of the Registrar (via email, fax, or mail) including;
  - A form of identification (i.e. Government Issued ID, Marriage License, Social Security Card, or Court Order).
  - IRS regulations require the College to collect Social Security numbers for students registered in credit-baring coursework. A staff member can schedule a phone call or Zoom session for you to provide this information for our records if you prefer instead of submitting via this form.
  - Transcript information as evidence of course prerequisite with this form (if applicable).
- Submit proof of immunizations as required by relevant NYS Public Health Laws to the Office of the Registrar (students taking less than six in-person credit hours are exempt from this requirement but are strongly encouraged to submit) by the first day of class.
- Submit a Certificate of Residence to the Student Accounts Office within 60 days of the beginning of the semester.

GENERAL PERSON INFORMATION:

Semester: ❑Summer ❑Fall ❑Winter ❑Spring **Year:** 20_____

Student Type:

❑New (first time/transfer) student at SUNY Adirondack for the semester of registration

❑ I have previously registered for or earned credit at SUNY Adirondack.

If you are a returning matriculated student at SUNY Adirondack, please contact advising@sunyacc.edu.

Student Name: _____

Former Name: _____

Social Security Number or Banner ID (former students): _____

A staff member from the Registrar's Office can schedule a phone call or Zoom session for you to provide this information for our records if you prefer instead of submitting via this form. If you would like us to do this, please note this and make sure your contact information is correct for us to schedule a time or call and speak to you.

Date of Birth (MM/DD/YY): _____ Sex: ❑ Male ❑ Female

Permanent Address: _____

Phone (Including Area Code): _____

Email Address: _____

We will be sending follow up communications to this address. Please provide a personal email you check regularly.

CITIZEN, RACE, AND ETHNICITY INFORMATION:

Are you a US citizen? ❑ Yes ❑ No *If no, are you a permanent resident? ❑ Yes ❑ No

If you are a non-citizen, we will require a copy of your visa. Visa Type: _____ Nation of Birth/Citizen: _____

Foreign Students must provide their permanent non-United States address: _____

_____

Race (check one or more): ❑American Indian or Alaskan Native ❑ Asian ❑Black or African American ❑ Native Hawaiian or Pacific Islander ❑ White

Are you Hispanic/Latino? ❑No/Prefer not to answer

❑Central American ❑Dominican ❑Mexican ❑Puerto Rican ❑South American ❑Other Hispanic/Latino

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____

Relationship to Student: _____ Emergency Contact Phone Number: _____

EDUCATION INFORMATION (Complete all applicable information)

Name of High School: _____ Year Graduated: _____

GED/TASC Date Completed _____

Official Record of English Assessment Score (TOEFL, IELTS, etc.) for International Students: _____

Colleges Previously Attended: _____

Colleges Currently Attending: _____

Have you ever been dismissed and/or suspended from a college for disciplinary (non-academic) reasons? ❑Yes ❑No

REQUESTED COURSES

CRN	Subject and Course Number	Section Number	Credits

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 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.

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. As noted previously, Non-Matriculated students are not eligible for federal or state Financial Aid. Acceptance and acknowledgement of this Financial Responsibility Agreement is required in order to process registration.

Student Signature: _____ **Date:** _____

For Registrar Use Only: Banner ID Number: _____

If, prerequisite is not in Banner but is required for registration, what was submitted or reviewed:

☐High School Transcript ☐College Transcript ☐AP, CLEP, or IB Test Scores ☐Placement Test Scores

Follow up communication sent via ☐Mail or ☐Email including ☐Technology Guide ☐Schedule/Bill ☐Immunization (6+ in-person credits)

Additional Notes: Initials: _____ Date: _____