SUNY ORANGE

NON-CREDIT REGISTRATION FORM

TODAY'S DATE_____ ☐ MALE ☐ FEMALE SOC. SEC. # _____-_____-_____

STUDENT NAME_____ NEW STUDENY? ☐ YES ☐ NO

(LAST) (FIRST) (MI) (MAIDEN) DATE OF BIRTH_____

ADDRESS_____ COUNTY_____

CITY_____STATE_____ZIP_____ HOME PHONE_____

EMPLOYER_____ BUSINESS PHONE_____

E-MAIL_____

RECVEIVED: ORANGE COUNTY COMMUNITY COLLEGE

_____/_____/_____ _____

TO BUSINESS OFFICE

_____/_____/_____

COURSE NO	SECTION	COURSE NAME	TUITION
		INSURANCE FEE	2.00
		TOTAL	$

☐ CASH

☐ CHECK ☐ MASTERCARD ☐ DISCOVER ☐ VISA MAKE CHECKS PAYABLE TO ORANGE COUNTY COMMUNITY COLLEGE

CREDIT CARD #_____ EXP. DATE_____

PRINT NAME WHICH APPEARS ON CREDIT CARD (IF NOT STUDENT)_____