# SUNY ORANGE

www.sunyorange.edu

# CREDIT COURSE REGISTRATION FORM

**Credit Registration**

**Circle Only One:**

**FALL SPRING SUMMER**

**Registration Instructions:**

1. An activity fee of $5 per credit must be included when registering for part time credit courses and $68 per full time course load.
2. A $9 insurance fee must be included with tuition payment for full time students and $2 for part time students.

| STUDENT'S LAST FIRST MIDDLE INITIAL | A # __ __ __ __ __ __ __ __ __ |
|---|---|
| STUDENT'S LEGAL ADDRESS CITY STATE ZIP | OTHER NAMES USED<br>LAST<br>FIRST |
| STUDENT'S LOCAL ADDRESS ( IF DIFFERENT) | NY COUNTY (OR STATE) OF LEGAL RESIDENCY |
| HOME ( )<br>CELL ( )<br>WORK ( ) | BIRTH DATE (MANDATORY)<br>_____ / _____ / _____<br>SOCIAL SECURITY # (OPTIONAL) |

**ALL** - SELECT ONE OR MORE: ☐ 01 WHITE ☐ 02 BLACK ☐ 04 ASIAN

☐ 05 AMERICAN INDIAN / NATIVE ALASKAN ☐ 08 NATIVE HAWAIIAN / PACIFIC ISLANDER

*(NOTE: DUE TO NEW GOVERNMENTAL REPORTING REQUIREMENTS, PERSONS WHO ARE HISPANIC/LATINO MUST RESPOND TO THE ABOVE AND THEN COMPLETE THE FOLLOWING SECTION BELOW)*

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**ALL** - ETHNICITY: ARE YOU HISPANIC / LATINO? ☐ YES ☐ NO

IF YES, IS YOUR BACKGROUND? (YOU MUST SELECT ONLY ONE, IF HISPANIC/LATINO) :

☐ CENTRAL AMERICAN ☐ DOMINICAN ☐ MEXICAN

☐ PUERTO RICAN ☐ SOUTH AMERICAN ☐ OTHER HISPANIC/LATINO

SEX ☐ MALE ☐ FEMALE

CITIZEN OF U.S. ☐ YES ☐ NO

IF NO WHAT COUNTRY?_____

ARE YOU A HIGH SCHOOL GRAD OR RECIPIENT OF A GED?

YES ☐ NO ☐

NAME OF HIGH SCHOOL

| IN CASE OF EMERGENCY, CONTACT (GIVE NAME) | HOME ( )<br>CELL ( )<br>WORK ( ) |
|---|---|
| NAME OF OTHER COLLEGES ATTENDED ( UP TO 2) | |

TODAY'S DATE ____/____/_____

NEW STUDENT ___ YES ___NO

TERM OF *LAST* REGISTRATION

FALL ____ SPRING____ SUMMER ____

TERM KEY

FA FALL
SP SPRING
SU SUMMER

I understand how the selected course(s) relate to my academic program or how they meet my academic goals.

I acknowledge financial responsibility for the selected course(s) if they are not cancelled or if I do not withdraw prior to the start of the semester even if I do not attend these classes.

I understand that if immunization requirements are not met, I may be Dropped from my classes.

_____ ____/____/_____

STUDENT'S SIGNATURE DATE

_____ ____/____/_____

ADVISOR'S SIGNATURE (if applicable) DATE

| CRN | COURSE NUMBER | SECT/LEC | LAB | CREDS |
|---|---|---|---|---|
| | | | | |
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| | | | | |
| | | | Credits | |

Make checks payable to: Orange County Community College

If using a Credit Card __ MC __ Visa __ Discover _____ Exp. Date ____/_____

Print name on Credit Card if not Student _____

CREDREGFORM