

☐ FALL ☐ WINTER ☐ SPRING ☐ SUMMER YEAR: 20____ Check ONE semester only.

STUDENT INFORMATION: Complete the information below. Please print clearly.

Name _____ Student ID Number _____

Former Name (if applicable) _____ Social Security Number _____

Permanent Address _____ Apt # _____ Phone (home) _____

City/State/Zip _____ Phone (cell) _____

County of Residence _____ Email _____

Local Address (if different than above) _____ Emergency Contact Name _____

City/State/Zip _____ Emergency Contact Phone _____

NEW YORK STATE REQUIRED INFORMATION: Please complete the information below. Print clearly.

Birth Date (Month/Day/Year): ____/____/____

Gender: ☐ Male ☐ Female

Military Service Status (please check one if applicable):

- ☐ Active Military Duty
- ☐ Dependent of Active Duty Personnel
- ☐ Veteran
- ☐ Dependent of Veteran
- ☐ National Guard or Active Reserve
- ☐ Other

Citizenship Information:

- ☐ U.S. Citizen
- ☐ Permanent Resident – Country of citizenship _____
- ☐ Not a U.S. Citizen – Country of citizenship _____
- Visa Type _____
- ☐ English is not my first language
- My first language is _____

Please indicate your ethnicity (select one or more):

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black – African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Are you Hispanic/Latino? ☐ Yes ☐ No

If yes, check only ONE of the following:

- ☐ Central American ☐ South American
- ☐ Dominican ☐ Cuban
- ☐ Mexican ☐ Other Hispanic/Latino
- ☐ Puerto Rican

Graduated from High School? ☐ Yes ☐ No

Date of H.S. Graduation or Anticipated Graduation _____

Received G.E.D.? ☐ Yes ☐ No Date received G.E.D. _____

Check all that apply:

- ☐ I am a single parent
- ☐ I am a displaced homemaker

Check only ONE statement that corresponds to your goal for attending Tompkins Cortland Community College:

- ☐ 1. Transfer to another SUNY college after earning a degree.
- ☐ 2. Transfer to a non-SUNY college after earning a degree.
- ☐ 3. Transfer to another SUNY college without earning a degree.
- ☐ 4. Transfer to a non-SUNY college without earning a degree.
- ☐ 5. Earn a degree/certificate and seek employment rather than pursue further post secondary education.
- ☐ 6. Learn new skills or upgrade existing skills without earning a degree.
- ☐ 7. Seek enrichment rather than to pursue a degree/certificate.
- ☐ 8. Obtain a Certificate of General Education Development (GED) through the accumulation of college credits.
- ☐ 9. Uncertain. Student has not determined his/her educational goal at this time.

Check only ONE of the statements below:

- ☐ I am a current student at Tompkins Cortland Community College.
- ☐ I have attended Tompkins Cortland Community College in the past.
- ☐ I have never attended Tompkins Cortland Community College.
- ☐ I have never attended Tompkins Cortland Community College, but have attended another college.

The college I last attended was: _____

If you received a degree, please specify the degree:

- ☐ AAS ☐ AA/AS ☐ BA/BS ☐ Masters ☐ Ph.D.

Name _____ Student ID# _____

NOTE: If you are registering for a course that requires a prerequisite(s) and you took the course at another institution, you must provide proof (unofficial transcript, grade report) of successful completion of the prerequisite course. **If you have not successfully completed the prerequisite course(s), you must obtain the course instructor's permission (signature or email) in order to register.** Your enrollment in the course(s) below is subject to availability at the time your registration form is processed.

Course Name/Number	Credits	Section	Sub Type	Audit	Instructor Signature
sample: ENGL 101	3	MO1	LEC	N	Instructor approves that the student may register for the course without the prerequisite.

Student Agreement:

I agree to abide by all College/campus policies and procedures.

I agree to pay Tompkins Cortland Community College for tuition and fees and any reasonable collection costs if applicable.

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Immunization Requirement:

Students registering for six credits or more and born on or after January 1, 1957 must provide proof of MMR immunization to the Tompkins Cortland Community College Health Center. Call 607.844.8222, Ext. 4487 for more information.

METHOD OF PAYMENT: If proof of residence is not provided in the time required, you will be liable for the nonresident tuition.

☐ Check ☐ Money Order ☐ Credit Card

Payable to: Tompkins Cortland Community College

To pay by credit card complete the following: ☐ MasterCard ☐ Visa ☐ Discover

Credit Card #: _____

Exp. Date: _____

Cardholder Name (print as appears on card)

Address of Cardholder (where you receive your credit card statements)

Street Address or PO Box: _____

_____ City: _____

State: _____ Zip: _____

Cardholder Telephone(s): (home) _____

(cell) _____

Cardholder Email: _____

Cardholder Signature: _____

REFUND POLICY: If you drop a course or withdraw from the College, you will be charged non-refundable tuition, fees, housing and meals according to the following schedule for 15-week courses.

FALL AND SPRING SEMESTERS

Prior to the start of classes0%
During the first week of classes25%
During the second week of classes.....50%
During the third week of classes..... 75%
After the third week of classes100%

**Non-refundable charges will be prorated on a similar schedule for courses less than 15 weeks. Payments in excess of final liability will be refunded to the student. Non-payment of tuition and fees does not constitute an automatic withdrawal.*

SUMMER AND WINTER SEMESTERS

On or before the last date to drop a course.....0%
After the last date to drop a course...100%

SUBMIT THIS FORM:

BY MAIL

Payment must be included. Once we receive and process your registration form, a class schedule and receipt of payment will be mailed to you.

MAIL TO: Tompkins Cortland Community College, Enrollment Services Center
P.O. Box 139 | 170 North Street | Dryden, NY 13053-0139

BY FAX

Payment must be made by MasterCard, Visa, or Discover.
FAX TO: 607.756.7562 or 607.844.6541

IN PERSON

Payment must be provided at time of registration.
DRYDEN: Room 101 | 170 North Street | 607.844.6580
ITHACA: 118 North Tioga Street 607.272.3025
CORTLAND: 157 Main Street 607.756.5275