Broome Community College | BCC State University of New York

STUDENT REGISTRATION

SOCIAL SECURITY NO. _____ / _____ / _____

Registration for semester beginning _____

Major/Program _____

Expected year of graduation _____

☐ Senior Citizen Audit

GENDER: M F

BIRTHDATE _____/_____/_____

IMMIGRATION STATUS _____

NAME _____
Last Name First Name MI

PERMANENT ADDRESS _____
Street Address City/Town State Zip

PERMANENT PHONE ( ) _____ LOCAL PHONE ( ) _____

EMAIL ADDRESS _____

EMPLOYER _____ BUSINESS PHONE ( ) _____

EMERGENCY CONTACT _____ PHONE ( ) _____

LOCAL ADDRESS, if different from Permanent Address _____

SEND BILL TO: ☐ PERMANENT ADDRESS ☐ LOCAL ADDRESS ☐ OTHER BILLING ADDRESS (below):

_____

COUNTY OF PERMANENT RESIDENCE _____

Broome Community College does not discriminate on the basis of race, sex, color, religion, age, national origin, disability, marital status, sexual orientation, or status as a disabled veteran or veteran of the Vietnam era in the recruitment or education of students; the recruitment and employment of faculty and staff; or the operation of any of its programs and activities. Where relevant, state and federal laws apply.

My educational goal at Broome Community College is to:

Choose the one goal which best describes your educational objective.
This choice will not impact your financial aid or course registration, and can be changed at any time.

- ☐ Transfer to another college after earning a degree/certificate at BCC
- ☐ Transfer credits to another college without earning a degree/certificate at BCC
- ☐ Earn a degree/certificate at BCC with plans for employment
- ☐ Enroll in coursework to learn or upgrade job skills (not seeking a degree or certificate)
- ☐ Enroll in coursework for personal enrichment/enjoyment (not seeking a degree or certificate)
- ☐ Enroll in coursework to obtain a High School General Equivalency Diploma (GED)
- ☐ Uncertain

The U.S. Department of Health, Education and Welfare requires institutions of higher education to report the ethnic make-up of their student enrollments. By checking the appropriate box below, you will help BCC improve not only our required reporting, but available services for our students.

- ☐ **1** White (Non-Hispanic)
- ☐ **2** Black (Non-Hispanic)
- ☐ **3** Hispanic
- ☐ **4** Asian or Pacific Islander
- ☐ **5** American Indian or Alaskan Native
- ☐ **6** Non-Resident Alien: _____
- ☐ **7** Other _____
- ☐ **8** I choose not to reply _____

SUBJECT CODE	COURSE NUMBER	COURSE SECTION	COURSE TITLE	CREDITS	IF AUDIT, ENTER AU	FOR ADVISOR USE ONLY APPROVAL / NOTES
ENG	*110*	*32*	*College Writing*	*3*	**SAMPLE LINE**	

Please read and sign the following statement: All of the information given above is true and correct. I agree to pay promptly all charges owed to the College, and take responsibility for any collection costs incurred in the collection of this debt. If I decide to change my educational plans, I will notify the BCC Office of the Registrar in writing. I realize that non-attendance in class will not relieve me of my financial responsibility. To the best of my knowledge, I have met all the prerequisites for enrollment in the courses above. I agree to abide by all College rules and regulations.

PROCESSED BY _____

DATE _____

STUDENT'S SIGNATURE _____

Immunization Requirement: Students registering for 6.0 credits or more, and born on or after January 1, 1957, must provide proof of MMR immunization to BCC Health Services. All students registering for 6.0 credits or more must provide a meningoccal meningitis vaccination response form to BCC Health Services. Call 778-5181 for more information.

ADVISOR'S SIGNATURE (if matriculated student)

Revised 2/07