

Continuing Education Registration Form

Last Name: _____ First Name: _____ Middle Name: _____

The Personal Privacy Protection Law requires this notice to be provided when collecting personal information from individuals. The information on this registration form will be used by the College to evaluate your request for registration and will be incorporated into your student records if/when you enroll. Failure to provide the requested information could prevent your registration from being processed. The authority to request this information is found in Section 355(2)(h) of the NYS Education Law. This registration form information will be maintained in the College Records Office and/or by the Office for Continuing Education, as appropriate. The official(s) responsible for the maintenance of this information is the College Registrar and/or the Office for Continuing Education, Suffolk County Community College, 533 College Road, Selden, NY 11784. Your Social Security Number is used to coordinate the collection of information for all your student records. Authority to collect the Social Security Number is granted under Section 355 of the New York Education Law. The disclosure of your Social Security Number is voluntary and you may refuse to provide this information.

Social Security #: _____

TERM: Fall Spring Summer Wintersession Year: _____

Mailing Address: _____ City: _____ State: _____ ZIP Code: _____
 Permanent Address: _____ City: _____ State: _____ ZIP Code: _____ (Address where you reside)

County (if other than Suffolk): _____ Home Phone: _____ Cell Phone: _____
 High School Attended: _____

Date of Birth: Day _____ Month _____ Year _____ Former Last Name: _____

Home Campus: _____ Email: _____
 A = Ammerman (Selden) E = East (Riverhead) W = West (Michael J. Grant/Brentwood)

Gender/Ethnicity/Race (These questions are for statistical purposes only. Your response is optional and does not affect your admission/registration. You will be given another opportunity to provide this information after registration if you wish to do so):
 Gender: _____ (F=Female / M=Male)

Ethnicity:
 Are you Hispanic/Latino? Yes No
 If Hispanic or Latino, please indicate your ethnicity (select one):
 Cuban Dominican Mexican Puerto Rican South American Central American Other Hispanic/Latino
Race (select one or more):
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Background Information:
 1. Have you ever been suspended from college for disciplinary reasons? Yes No
 2. Have you been a legal resident of the State of New York for the past twelve (12) months? Yes No
 3. Have you been a resident of the County of Suffolk for the past six (6) months? Yes No
 4. Are you a citizen of the United States? Yes No
 5. Are you a veteran of the United States Armed Forces? Yes No

EMERGENCY CONTACT INFORMATION:
 Last Name: _____ First Name: _____
 Address: _____ Relationship: _____
 Primary Phone: _____ Home Work Cell Other
 Secondary Phone: _____ Home Work Cell Other

CAMPUS (A, E, W)	CRN (ex: 91508)	SUBJECT (ex: ENG)	COURSE (ex: 101)	TUITION AND FEES

Form of Payment Check Money Order Amount Due: _____

Print Name: _____ Date: _____

Mail this form to the Registrar's office at the campus where you are applying for courses.

Suffolk County Community College Ammerman Campus Registrar's Office 533 College Road Selden, NY 11784-2899	Suffolk County Community College Eastern Campus Registrar's Office 121 Speonk-Riverhead Road Riverhead, NY 11901-3499	Suffolk County Community College Michael J. Grant Campus Registrar's Office Crooked Hill Road Brentwood, NY 11717-1092
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 For Office Use Only: (NEWNONM: SAAQUIK/SFAREGS)
 Processed by: _____ Campus: _____ Date: _____

Revised: 7/31/2020

"Suffolk County Community College is committed to equal opportunity/affirmative action and promotes admissions, academic, and employment policies and practices that do not discriminate against any person because of sex, race, color, creed, religion, age, marital status, veteran status, national origin, sexual preference, or physical handicap."