

The State University of New York

## CONCURRENT ENROLLMENT COURSE REGISTRATION FORM

CollegeNow | P.O. Box 139 | 170 North Street Dryden, NY 13053-0139 Fax: 607.844.6535 | Phone: 607.844.8222, Ext. 4396

PLEASE PROVIDE ALL OF THE INFORM	MATION. PRINT CL	EAR	RLY.						
High School (NOT BOCES program)			Anticipated Year of High School Graduation						
Social Security Number			Semester (fall/spring/summer)					Year	
Have you taken courses, including Concurren	t Enrollment, through	n Tom	npkins Co	ortland Com	munity Col	lege before?	? 🔲 Yes 🗌	No	
Name (Last, First, M.I.)									
Date of Birth (Month/Day/Year)			ender: 🔲	Male 🔲 F	emale				
Street Address/P.O. Box									
City/State/Zip				County_					
Email Address									
(Please note: Your email address will be used	only to contact you v	with C	College in	nformation)					
Phone Number									
itizenship Information: Are you Hispanic/Latino?			?		Please	indicate you	r race		
U.S. Citizen			(select one or more):  American Indian or Alaskan Native					n Notivo	
Permanent Resident –	If yes, check only ONE of the			owing:					
Country of citizenship	Central America	Central American				Black/African American			
	☐ Cuban				Native Hawaiian or Other Pacific Island				
Not a U.S. Citizen – Dominican Country of citizenship Mexican					<b>☐</b> Wh	ite			
	Puerto Rican								
Visa Type	South American								
· ·	Other Hispanic	/Latin	10						
Course Number/Title			ourse rt Time	Office Use Code	School Number	Office Use Only	College Credit	Audit	
Sample: ENGL 101 - Academic Writing II		10:57		D	15		Х		
Sample: BUAD 201 - Business Law I		10	0:57	D	15			X	
				D					
				D					
				D					
				D					
Callaga Cradit Statement			Audit (	Statement					
College Credit Statement			Audit Statement						
I understand that I am registering for a college course for which TC3 rules and regulations will be in effect. My signature below certifies that I have chosen to enroll in one or more courses (as indicated above) for college credit.			My signature below certifies that I have chosen to audit one or more courses (as identified above). I understand that I will not receive college credit for any audited courses, nor will I be able to convert audit status to credit status at a						
			later da		ill i de adie to	o convert audit	status to cred	iit status at a	
Student Signature			2 de la Company						
High School Instructor Signature			Student Signature						
I give TC3 permission to release my grade(s) for the above course(s) to my high school: Yes No			High School Instructor Signature						
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