

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 INFORMATION. PRINT CLEARLY.

High School (NOT BOCES program) _____ Anticipated Year of High School Graduation _____

Social Security Number _____ Semester (fall/spring/summer) _____ Year _____

Have you taken courses, including Concurrent Enrollment, through Tompkins Cortland Community College before? Yes No

Legal Name* (Last, First, M.I.) _____

Date of Birth (Month/Day/Year) _____ Sex Assigned at Birth * Male Female

Street Address/P.O. Box _____

City/State/Zip _____ County _____

Email Address _____

(Please note: Your email address will be used only to contact you with College information)

Phone Number _____

Once registered, students have the opportunity to declare preferred name, pronouns, and gender identity by emailing collegenow@tompkinscortland.edu.

Citizenship Information:

U.S. Citizen
 Permanent Resident –
Country of citizenship _____

Not a U.S. Citizen –
Country of citizenship _____

Visa Type _____

Are you Hispanic/Latino?

Yes No

If yes, select one or more of the following:

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

Please indicate your race

(select one or more):

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

Course Number/Title	Course Start Time	Office Use Code	School Number	Office Use Only	College Credit	Audit
Sample: ENGL 101 - Academic Writing II	10:57	D	15		X	
Sample: BUAD 201 - Business Law I	10:57	D	15			X
		D				
		D				
		D				
		D				

College Credit 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.

Student Signature

High School Instructor Signature

I give TC3 permission to release my grade(s) for the above course(s) to my high school: Yes No

Audit Statement

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 date.

Student Signature

High School Instructor Signature