

The State University of New York

ONLINE COURSE REGISTRATION FORM

CollegeNow | P.O. Box 139 | 170 North Street Dryden, NY 13053-0139 Fax: 607.844.6535 | Phone: 607.844.8222, Ext. 4311

PLEASE PROVIDE ALL OF THE INFORMATION. PRINT CLEARLY.

Social Security Number Year Have you taken courses, including Concurrent Enrollment, through Tompkins Cortland Community College before? Yes Name (Last, First, M.I.)	100l	Anticipated Date of High School Graduation				
Name (Last, First, M.I.)	Social Security Number Year Semester (fall/spring/summer/winter) Year					
Date of Birth (Month/Day/Year) Gender: Male Female Street Address/P.O. Box Permanent Resident – City/State/Zip County Email Address Outrown of citizenship (Please note: Your email address will be used only to contact you with College information) Not a U.S. Citizen – Phone Number Outrown of citizenship Parent/Guardian Name (Last, First, Middle) Visa Type Please provide ALL of the information below. Print clearly. Are you Hispanic/Latino?	u taken courses, including Concurrent Enrollment	, through Tom	pkins Cortla	and Commu	ınity College before? 🔲 Yes 🛄 No	
Date of Birth (Month/Day/Year) Gender: Male Female Street Address/P.O. Box Permanent Resident – City/State/Zip County Email Address Outrown of citizenship (Please note: Your email address will be used only to contact you with College information) Not a U.S. Citizen – Phone Number Outrown of citizenship Parent/Guardian Name (Last, First, Middle) Visa Type Please provide ALL of the information below. Print clearly. Are you Hispanic/Latino?	ast, First, M.I.)				Citizenship Information:	
Street Address/P.O. Box City/State/Zip County Email Address County Email Address (Please note: Your email address will be used only to contact you with College information) Phone Number Parent/Guardian Name (Last, First, Middle) Please provide ALL of the information below. Print clearly.						
City/State/ZipCounty Country of citizenship Email Address Image: Country of citizenship (Please note: Your email address will be used only to contact you with College information) Image: Country of citizenship Phone Number Parent/Guardian Name (Last, First, Middle) Visa Type Please provide ALL of the information below. Print clearly. Are you Hispanic/Latino?				Permanent Resident –		
Email Address				Country of citizenship		
(Please note: Your email address will be used only to contact you with College information) Country of citizenship Phone Number Visa Type Parent/Guardian Name (Last, First, Middle) Are you Hispanic/Latino? Please provide ALL of the information below. Print clearly. Yes						
Phone Number Visa Type Parent/Guardian Name (Last, First, Middle) Are you Hispanic/Latino? Please provide ALL of the information below. Print clearly. Yes No						
Parent/Guardian Name (Last, First, Middle)						
Please provide ALL of the information below. Print clearly. Are you Hispanic/Latino? Yes No						
IT yes, check only ONE of the fold		If yes, check only ONE of the following				
COURSES						
NOTE: Students wishing to take a course requiring a prerequisite must provide proof (unofficial Cuban transcript, grade report) of successful completion of the prerequisite course or receive the course						
instructor's permission in order to register.						
Mexican Destion - Oreginal Training - Desting -						
Course Name/Number Section Credits Tuition South American	Name/Number	Section	Credits	Tuition		
Sample: ECON 101 - Intro. to Economics BL1 3 \$225 Other Hispanic/Latino	e: ECON 101 - Intro. to Economics	BL1	3	\$225		
Please indicate your race		1	1			
(select one or more):			1		-	
American Indian or Alaskan I					American Indian or Alaskan Native	
Asian					🛄 Asian	
Black/African American			<u> </u>			
Tuition Total Native Hawaiian or Other By signing below and registering for the above course(s): Pacific Islander						
I agree to abide by all campus/college rules and	o abide by all campus/college rules and				Uhite Vhite	
					TE OF RESIDENCE IS REQUIRED.	
You must provide your notarized certificate of residence application and necessary proof of residence with this registration form and return						
and fees and any reasonable collection costs if applicable it to the TC3 CollegeNow Online course mentor in your high school.	v Online course mentor in your high school.					
I grant my mentor permission to discuss my academic progress						
with CollegeNow and to view my online course information. METHOD OF PAYMENT						
	I grant CollegeNow to send my grade to my high school at the Total A					
end of the semester.						
Tompkins Cortland Community College			_			
Student Signature	Signature					
HS Mentor Signature	or Signature		MasterCal			
Date						
HS Mentor Email Cardholder's Name	or Email		Cardnoid	er's Name		
HS Counselor Signature Card Number	nselor Signature		Cond Nor	abor		
Date			Card Number			
IMPORTANT: *High school credit is solely determined by the student's high school. *All CollegeNow students must be registered for their course by the end of the first day of classes. Expiration Date	*High school credit is solely determined by the student's high school. *All CollegeNow students must be registered for their course by the			Expiration Date Security Code		

Signature