

CollegeNow | P.O. Box 139 | 170 North Street | Dryden, NY 13053-0139 Fax: 607.844.6535 | Phone: 607.844.6503 tompkinscortland.edu/collegenow

HIGH SCHOOL/HOMESCHOOL

SEMESTER	YEAR	

STUDENT REGISTR			S	SEMESTERYEAR
PLEASE PROVIDE ALL OF THE	INFORMATION. PRIN	T CLEARLY.		
High School	An	ticipated Date	of High School G	Graduation
Social Security Number				
Legal Name* (Last, First, M.I.)				Citizenship Information: U.S. Citizen
Date of Birth (Month/Day/Year)	Sex assig	ned at birth*: _	Male Female	Permanent Resident
Street Address/P.O. Box				Country of citizenship
City/State/Zip	(County		Not a U.S. Citizen
Email Address				Country of citizenship
Phone Number				Visa Type
Parent/Guardian Name (Last, First, M	iddle)			Are you Hispanic/Latino?
Once registered, students have the operand gender identity" by emailing college NOTE: Students wishing to take a course regrade report) of successful completion of the permission in order to register.	enow@tompkinscortland.ed COURSES quiring a prerequisite must provi	du. ide proof (unofficia	I transcript,	Yes No If yes, check only ONE of the following: Central American Cuban Dominican Mexican Puerto Rican
Course Name/Number	Session	Section	Credits	South American
Sample: ECON 101	Full 5WK	BL1	3	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
By signing below and registering	for the above course(s):		White
I agree to abide by all campus/college ru	les and regulations that are	in effect.		
I agree to pay Tompkins Cortland Commany reasonable collection costs if applications I grant my counselor/mentor permission CollegeNow and to view my online course	able. to discuss my academic pro		You must provid	TIFICATE OF RESIDENCE IS REQUIRED. e the CollegeNow Office with a certificate of ficates of residence are valid for one year.
I grant CollegeNow to send my grade to	my high school at the end c	of the semester.	ı	METHOD OF PAYMENT
Student Signature			Total Amount Er	nclosed \$
Parent or guardian signature if student un	nder 18 years of age	Date	Tompkins Co	y order enclosed payable to ortland Community College sterCard VISA Visa DICOVER Discover
HS Counselor/Mentor Signature		Date		VISA
HS Counselor/Mentor Email		Date	Cardholder's Nan	ne

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.

Total Amount Enclosed \$_	
☐ Check/money order er Tompkins Cortland Co	
MasterCard MasterCard	VISA Visa DICOVER Discover
Cardholder's Name	
Card Number	