Mail-In Registration Form for Credit Courses

Last Name: _____ **First:** _____ **Middle:** _____ **SSN:** _____

Year:_____
Term (check one):

☐ Fall
☐ Spring
☐ Summer
☐ JanPlan

Subject Prefix	Course Number	Section	Course Title	Credit Hours	Meeting Days and Times	Tuition and Fees
						$
					Total Payment Due:	$

Legal/Permanent Address: ☐ **Check box if this is an address change**

Street Address _____ City _____ State _____ Zip _____ County _____ Phone Number _____

Email Address _____ Birth Date _____ Gender (F/M) _____

Ethnicity: Are you Hispanic/Latino *(check on, optional)***?** ☐Yes ☐No

If Hispanic/Latino, please indicate your background *(select one, optional)***:**
☐ Central American ☐ Dominican ☐ Mexican ☐ Puerto Rican ☐ South American ☐ Other Hispanic/Latino

Please indicate your race *(select one or more, optional)***:**
☐ American Indian/Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian/Pacific Islander
☐ White

What is your primary educational objective at FLCC? *(Check the SINGLE best answer.)*
☐ Transfer to another college after earning a degree or certificate.
☐ Transfer to another college without earning a degree or certificate.
☐ Earn a degree or certificate with plans for employment.
☐ Enroll in courses to learn or upgrade job skills (not seeking a degree or certificate).
☐ Enroll for personal enrichment/enjoyment (not seeking a degree or certificate).
☐ Enroll in courses to earn a High School General Equivalency Diploma (GED).
☐ Uncertain.

To ensure compliance with FLCC Admission Policy, please complete:
Have you been convicted of a felony? ☐ Yes ☐ No
Have you been expelled and/or dismissed from a college for disciplinary reasons? ☐ Yes ☐ No
(Applicants with juvenile or youthful offender status are not required to respond to the felony question. Affirmative responses to either question will not automatically prevent registration; however, further information will be requested to ensure compliance with FLCC Admissions Review Policy.)

Student Affirmation (Ontario County Residents Only):
I swear that the above address is my permanent address and has been since _____ and that I am now, and have continuously been for at least one year, a resident of New York State and for at least six months a resident of Ontario County both immediately and prior to the date of my application for admission to Finger Lakes Community College or to this affirmation, and in addition to my present residence, I have lived at the following places during the year prior to the date of this affirmation:

Address_____ Date:_____

Address_____ Date:_____

Student's Signature: _____

Sworn to me this _____ day of _____ 20____

Notary Public: _____

Affirmation must be notarized to be valid

Student Signature (required):
FLCC has a Student Code of Conduct Policy that outlines the rights and responsibilities of students, behaviors prohibited on or off campus and possible sanctions. I understand the Policy pertains to me while I am enrolled at FLCC and can read the Policy at www.flcc.edu/ offices/judicial/index.htnl or in the Student Handbook and Academic Planner. I certify that the information I've supplied on this form is accurate and truthful. I acknowledge that my tuition and fees will be paid by the tuition due date and that I am liable for any collection costs as a result of my failure to pay, including, without limitation, collection agency fees, court costs and attorney fees. If I decide to change my educational plans, I will notify the Office of Center for Advisement in writing and realize that non-attendance in class will not relieve my financial responsibility. By signing this form, I acknowledge that I have read and understand the statements and policies as set in the FLCC catalog.

To register, sign here! X_____ **Date:** _____

FOR CREDIT CARD PAYMENT ONLY

Credit Card Number: _____ **Expiration Date:** ____/____

Discover, MasterCard and Visa Accepted Month Year

Enter the last three digits of your card that appear on the back of your credit card: ____

Credit Cardholder's Address: _____
Street Address or P.O. Box City State Zip

Authorized Signature: _____ Date: _____

Name on Card (Please Print): _____

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