



Office of Concurrent Enrollment
 63 Pulteney Street
 Geneva, NY 14456
 315.789.6701, ext. 6018
 flcc.edu/highschool

Year: _____
 Term (check one below):
 Fall Spring Summer

Office use only
 Payment: _____ Amount: _____
 Date: _____ Initials: _____

Social Security Number or FLCC ID# _____ Last Name _____ First Name _____ MI _____ E-mail Address _____

Legal/Permanent Address _____ City _____ State _____ Zip _____ County _____

Phone: (____) _____ Date of Birth: _____ Gender: M F High School: _____ Graduation Year: _____ High School Average: _____

Ethnicity: Are you Hispanic/Latino (check one, optional)? Yes No
If Hispanic/Latino, please indicate your background (select one, optional): Central American Dominican Mexican Puerto Rican South American Other Hispanic/Latino
Race (select one or more, optional): White American Indian/Alaskan Native Black or African American Asian Hispanic or Latino Native Hawaiian/Pacific Islander Other
Select all that apply to you: Individual with Disability Displaced Homemaker Economically Disadvantaged Single Parent English Language Learner/Limited Proficiency

PREFIX	COURSE NUMBER	SECTION	COURSE TITLE	CREDITS	TUITION & FEE	INSTRUCTOR
TOTAL CREDITS (max. 11 credits)					\$	

What is your current educational objective (choose single best answer)?
 Enroll at a four-year college or university immediately after high school
 Enroll at a community college and then transfer to a four-year school
 Enroll at a community college to earn a degree or certificate as direct preparation for employment
 I am uncertain of my educational objective at this time
 Other (Please specify): _____

What single factor is most important when deciding what college to attend?
 Academic Reputation Academic Program of Study Proximity to Home
 Cost Sports Programs Residential Experience

What program of study do you intend to pursue in college:

<input type="checkbox"/> Athletic Training/Physical Education	<input type="checkbox"/> History
<input type="checkbox"/> Biotechnology	<input type="checkbox"/> Hotel and Resort Management
<input type="checkbox"/> Business: Accounting/Admin./Marketing/Mgmt.	<input type="checkbox"/> Human Services
<input type="checkbox"/> Chemical Dependency Counseling	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Computer Science / Information Technology	<input type="checkbox"/> Mechanical / Architectural Design & Drafting
<input type="checkbox"/> Communications / Journalism	<input type="checkbox"/> Music / Music Recording Technology
<input type="checkbox"/> Conservation (Environmental Science, Fisheries Tech, Horticulture, Conservation Law Enforcement)	<input type="checkbox"/> Nursing (R.N.)
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Pre-Med
<input type="checkbox"/> Paralegal	<input type="checkbox"/> Pre-Vet
<input type="checkbox"/> E-Commerce	<input type="checkbox"/> Pre-Law
<input type="checkbox"/> Education	<input type="checkbox"/> Psychology
<input type="checkbox"/> Engineering Science	<input type="checkbox"/> Science (Biology, Chemistry, Physics)
<input type="checkbox"/> English	<input type="checkbox"/> Sociology
<input type="checkbox"/> Fine Arts /Graphic Design	<input type="checkbox"/> Sports and Tourism Studies
<input type="checkbox"/> Game Programming	<input type="checkbox"/> Theatre
	<input type="checkbox"/> Other: Please Specify

FOR CREDIT CARD PAYMENT ONLY

Credit Card Number _____ **Expiration Date** _____

(Circle) Discover, MasterCard and Visa Accepted

Enter the last three digits that appear on the back of your credit card: _____ \$ _____
Amount

Credit Cardholder's Address: _____
(If different from above) Street Address or P.O. Box City State Zip

Authorized Signature: _____ Date: _____

Name on Card (Please Print): _____

Student Signature:
 I acknowledge I am registering for FLCC credits and have read and understand the policies set forth on the back of this form.

To register, sign here: **X** _____ **Date:** _____