

Last Name: _____ First Name: _____ Middle Name: _____

REGISTRATION FORM FOR NEW NON-DEGREE STUDENTS

All non-degree students will need to verify that they have met course prerequisites before they will be permitted to register for courses that have prerequisite requirements

Please review the [Registration Policy Regarding Prerequisites](#) for further information on how to document prior satisfaction of prerequisites. In addition, you must fill out a [Prerequisite Waiver Request Form](#) and submit it with your documentation.

Your Social Security Number is used to coordinate the collection of information for all your student records. Authority to collect the Social Security Number is granted under Section 355 of the New York Education Law.

Social Security # _____ TERM: _____ Fall _____ Spring _____ Summer _____ Wintersession YEAR: _____

Address: _____ City: _____ State: _____ Zip Code: _____

County (if other than Suffolk): _____

DATE OF BIRTH: DAY _____ MONTH _____ YEAR _____ Telephone: () _____

GENDER: _____ HOME CAMPUS: _____ ETHNICITY (For statistical purposes only): _____

F = Female
M = Male

A = Ammerman (Selden)
E = East (Riverhead)
W = West (Grant/Brentwood)

1 = Caucasian
2 = African American
3 = Hispanic
4 = Asian / Pacific Islander
5 = American Indian
6 = Other

E-mail: _____

COURSE SELECTION:

CAMPUS:	CRN:	SUBJECT:	COURSE:	CREDITS:	*AUDIT:
(A, E, W)	(ex: 91508)	(ex: ENG)	(ex: 101)	(ex. 3)	(√)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*Audit (√) = Check if auditing course. Please note: full charges still apply when auditing a course.

SIGNATURE: _____ Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

For what purpose are you attending SCCC? Choose the one response which best describes your intentions:

- 1. Uncertain / no definite purpose in mind.
- 2. To take a few job-related courses.
- 3. To take a few courses for self-improvement.
- 4. To take courses and transfer to another college prior to completing a degree.
- 5. To obtain or maintain a license or certification (i.e., without completing a degree).
- 6. To complete a one-year certificate program.
- 7. To complete an associate's (two-year) degree.
- 8. To complete an associate's (two-year) degree and transfer to a bachelor's (four-year) degree program.

**FOR OFFICE USE ONLY:
EDUCATIONAL GOAL:
(NEWNONM: SAAQUIK)**

EMERGENCY CONTACT INFORMATION

1. Last Name: _____ First Name: _____

Address: _____

Relationship (Please check one): **A=Ex-spouse** **B=Brother** **C=Child** **F=Father** **G=Grandparent** **M=Mother**
 N=Neighbor **O=Other Relative** **P=Spouse** **R=Friend** **S=Sister** **U=Guardian** **X=Significant Other**

Primary Phone: _____ Secondary Phone: _____

Home; Work; Cell; Other

Home; Work; Cell; Other

2. Last Name: _____ First Name: _____

Address: _____

Relationship (Please check one): **A=Ex-spouse** **B=Brother** **C=Child** **F=Father** **G=Grandparent** **M=Mother**
 N=Neighbor **O=Other Relative** **P=Spouse** **R=Friend** **S=Sister** **U=Guardian** **X=Significant Other**

Primary Phone: _____ Secondary Phone: _____

Home; Work; Cell; Other

Home; Work; Cell; Other

For Office Use Only: (NEWNONM: SAAQUIK/SFAREGS)

Processed by: _____ **Campus:** _____

Date: _____