



Office of the Registrar
Warren Hall

REGISTRATION FORM for NEW NON-MATRICULATED STUDENTS

IMPORTANT INFORMATION FOR NON-MATRICULATED STUDENTS:

- Non-matriculated students may attend on a part-time basis only. Non-matriculated students can earn a maximum of 18 credit hours at SUNY Adirondack prior to matriculation.
- Non-matriculated students are not eligible to receive financial aid.
- Non-matriculated students enrolling in courses with prerequisites are required to show proof of prerequisites by submitting copies of their transcripts to the Office of the Registrar
- You must submit proof of immunizations as required by relevant NYS Public Health Laws.

Social Security # _____

Semester you are enrolling in: Fall Winter Spring Summer 201 _____

Name _____

First Middle/Maiden Last

Primary Address: _____

Street City State Zip

Other address, if applicable _____

Street City State Zip

Cell Phone number () _____ Other Phone number () _____

Email Address: _____

Sex: M or F Date of Birth: _____

Have you been expelled and/or dismissed from college for disciplinary reasons? Y N

Have you ever been convicted of a felony? Y N

Are you a US citizen? Y N *If no, permanent resident?* Y N **OR enter Visa type** _____

Foreign students only: Please enter a permanent mailing address with postal code on the line below.

Please indicate your ethnicity:

- White (1)
 Black or African American (2)
 Asian (4)
 American Indian or Alaska Native (5)
 Native Hawaiian or Pacific Islander (8)
 Non-resident alien (6) *If non-resident, what is your country of origin?* _____

- Are you Hispanic/Latino: Y N If Hispanic/Latino, what is your background?
 Dominican (H1) Puerto Rican (H3) South American (H5)
 Mexican (H2) Central American (H4) Other Hispanic/Latino (H6)

_____ I do not want to answer questions regarding ethnicity.

High School Diploma: Name of High School: _____ Year graduated: _____

GED/TASC Date completed: _____

Other colleges attended: _____

Emergency contact: _____ Phone: _____

Are you a NYS resident? Y N

ENTER YOUR COURSE REGISTRATION INFORMATION IN THE BOXES BELOW.

CRN#	COURSE ID	TITLE	CR	M	T	W	R	F	S	TIMES

My signature certifies that all of the information entered above is true and accurate.

Student signature: _____ **Date:** _____

FOR REGISTRAR'S OFFICE USE ONLY Initials: _____ Date Processed: _____
