# SUNY Adirondack Office of Records and Registration

ADDRESS: 640 Bay Road, Queensbury, NY 12804 | PHONE: 518-743-2279 | FAX: 518-832-7601 | EMAIL: registrar@sunyacc.edu

# Non-Matriculated Student Registration Form

## NON-MATRICULATED STUDENT POLICY:

- Non-matriculated students can earn a maximum of 36 credit hours at SUNY Adirondack prior to matriculation. Students nearing
  the 36-credit hour limit should contact the Admissions Office to learn more about matriculation. Information about matriculation
  are available in the College Catalog at; <u>sunyacc.smartcatalogiq.com/en/24-25/college-catalog/admissions/quick-guide-to-</u>
  admissions/
- Non-matriculated students are not eligible to receive financial aid (i.e. Pell, TAP, Loans, etc.).
- Non-Matriculated Students receive grades and GPA calculations but do not receive an academic standing or academic honors. **NON-MATRICULATION REGISTRATION STEPS:**
- Submit this completed form to the Office of the Registrar (via email, fax, or mail) including the following;
- A form of identification (i.e. Government Issued ID, Marriage License, Social Security Card, or Court Order).
- IRS regulations require the College to collect Social Security numbers for students registered in credit-baring coursework.
- A staff member can schedule a phone call or Zoom session for you to provide this information for our records if you prefer.
- Transcript (unofficial) information as evidence of course prerequisite with this form (if applicable).

Submit proof of immunizations as required by relevant NYS Public Health Laws to the Office of the Registrar (students taking less than six in-person credit hours are exempt from this requirement but are strongly encouraged to submit) by the first day of class. Submit a Certificate of Residence to the Student Accounts Office within 60 days of the beginning of the semester.

Semester:	Year:
Summer	Date:
<ul><li>Fall</li><li>Winter</li></ul>	Student Name:
□ Spring	Former Name:

- **Student Status: D** New (first time/transfer) student
- Returning student. (matriculated students must email advising@sunyacc.edu)

#### Social Security Number or Banner ID (former students):

A staff member from the Registrar's Office can schedule a phone call or Zoom session for you to provide this information for our records. If you would like us to do this, please note this and make sure your contact information is correct for us to contact you.

Date of Birth (MM/DD/YY):			Sex: 🗖 Male	le l	Female		
Perman	ent Address:		_				
Phone (Including Area Code):		Email Address:					
	We will be sending follow up commu	nicati	ons to this address. Please provide a	a persona	l email you check regularly.		
Citizen	, Race, and Ethnicity Information:						
Are you a US citizen?			*If no, are you a permanent resident?				
	Yes		D Yes	S			
If you a	re a non-citizen, we will require a copy	of yo	ır visa. Visa Type:		Nation of Birth/Citizen:		
Foreign	Students must provide their permaner	it nor	-United States address:				
Race (cł	neck one or more):						
	American Indian or Alaskan Native		Black or African American		White		
	Asian		Native Hawaiian or Pacific Islande	er			
Are you	Hispanic/Latino?						
	No/Prefer not to answer		Mexican		Other Hispanic/Latino		
	Central American		Puerto Rican				
	Dominican		South American				
Emerge	ency Contact Information:						
Emerge	ncy Contact Name:						
Relation	nship to Student:						
Emerge	ncy Contact Phone Number:						

### EDUCATION INFORMATION (Complete all applicable information)

Name of High School:

Year Graduated:

GED/TASC Date Completed:

Official Record of English Assessment Score (TOEFL, IELTS, etc.) for International Students:

**Colleges Previously Attended:** 

Colleges Currently Attending:

Have you ever been dismissed and/or suspended from a college for disciplinary (non-academic) reasons? **I** Yes **I** No

# Requested Courses

CRN	Subject and Course Number

#### Statement of Financial Responsibility and Registration Verification -

By registering for classes at SUNY Adirondack, I acknowledge and agree that I am financially responsible for all charges related to my registration, books and housing.

I understand that if financial payment and/or arrangements have not been made by the due date, the College reserves the right to remove me as a student for non-payment, deny me access to my registered classes, and/or place a "hold" on my student records restricting me from registering, graduating, and/or obtaining a transcript until the account is paid in full. I am responsible for all late charges incurred.

Failure to attend classes does not absolve me from financial liability. In all cases it is my responsibility to drop classes by the published drop/add date(s) and I accept financial liability for these classes in accordance with the SUNY Adirondack Bill Adjustment/Liability Schedule. SUNY Adirondack may call (personally or automated) or text any phone number that I have provided to the College and leave a message regarding any outstanding account I have. I understand that, if the College texts me, I will be able to opt out. The College may use a collection agency or take legal action for any account balance due and I will be responsible for all charges owed which may include collection and/or litigation costs or attorney fees.

I understand that the College will (1) electronically post my 1098-T form (Tuition Statement) to my Banner account so I can download the form for tax purposes and (2) mail a paper copy of my 1098-T to my primary address on file. I understand that I am responsible for providing the College with updated contact information either through Banner or in person at the Registrar's Office in Warren Hall or at SUNY Adirondack Saratoga.

#### Federal and State Financial Aid Acknowledgement and Permission Statement (for Federal Financial aid recipients ONLY):

I understand that financial aid (state and federal) is only available to matriculated students. A matriculated student is a student who has been accepted to the College and is pursuing a SUNY Adirondack degree. If I am a matriculated student who is eligible for financial aid and my financial aid is reduced or canceled for any reason, I am responsible for all charges on my account. I give SUNY Adirondack permission to use any federal student aid (Pell Grant, SEOG, Direct Loan) to pay any current charges that I incur for educational related activities and any other charges (institutional and non-institutional) related to my attendance. I understand that at any time I may contact the Student Accounts (Bursar) Office to revoke this permission regarding the use of my federal student aid.

My signature below indicates that I am in agreement with and/or acknowledge the statements above. I certify that the information provided on this registration form is correct and that I have read all instructions and statements on this form and understand the implications and requirements for registration at SUNY Adirondack. As noted previously, Non-Matriculated students are not eligible for federal or state Financial Aid. Acceptance and acknowledgement of this Financial Responsibility Agreement is required in order to process registration.

Student Signature:	Date:			
For Registrar Use Only - Banner ID Number:				
Additional Notes:				
REGISTRARS OFFICE: Date Processed:	Initials:			