

Jefferson Community College
WATERTOWN NY 13601

SEMESTER AND YEAR FOR WHICH YOU REQUEST ENROLLMENT: _____

The data on this form will be reported to the SUNY Office of Institutional Research and Analytical Studies in Albany. Please complete all questions carefully. **SUBMIT THIS REGISTRATION FORM TO THE COLLEGE REGISTRAR'S OFFICE.**

1. Student ID Number/Social Security Number: _____

2. Name: _____
(Last) (First) (Middle name)

Previous Name Used: _____

3. Mailing Address: _____
PO Box Street Address
City State Zip

4. Home Phone: () _____ Business Phone/Cell Phone: () _____

5. E-Mail Address: _____

6. Birth Date: _____ / _____ / _____

7. Gender: () Male () Female

8. Program of Study: _____ Or Not seeking a Degree
(circle)

9. High School Data: Please Check One:

_____ I graduated from _____ in _____.
High School Year

The school address is: _____ State: _____.
City

_____ I received a GED (equivalency Diploma) from State of _____ in _____.
Year

_____ I am not a high school graduate or GED holder since I am still enrolled at _____ School with an
expected graduation date of _____.

_____ I am not a high school graduate or GED holder.

10. Are you affiliated with the Military or Fort Drum, and if so how?

_____ Active duty _____ Family member _____ National Guard/Reservist _____ Retiree /Veteran

10A. FOR MILITARY STUDENTS ONLY: HOME OF RECORD: _____

11. Higher Education History:

_____ NEW- I have never attended JCC or any other degree-granting institution

_____ CONTINUING- I was in attendance at JCC last semester

_____ HIGH SCHOOL- I have attended or am attending JCC while still in High School.

_____ RETURNING- I have attended JCC in the past taking credit courses, but I was not enrolled last term.

_____ TRANSFER- I have never attended JCC, but I have attended a degree-granting College/University: *Enter Data on Back of Form*

_____ GRADUATE FROM JCC. Year Earned: _____

Academic transcripts are required for all colleges which you have attended or from which you have received (or will receive) credit. If you are applying for Financial Aid, you must also supply a financial aid transcript from your previous college (s), whether or not you received Financial Aid while enrolled there. Transcripts should be sent directly to Jefferson Community College Admission's Office.

COLLEGE NAME	CITY, STATE	DATES OF ATTENDANCE	DEGREE EARNED

Your responses to the next questions are voluntary. However, this information helps us prepare certain reports required by the Federal Government. Your response to these questions is greatly appreciated.

ETHNIC BACKGROUND: (OFFICE USE ONLY- SCREEN 007)

WHITE, NON-HISPANIC
 BLACK, NON-HISPANIC
 ASIAN/PACIFIC IS.
 AMERICAN INDIAN
 HISPANIC
 NON-RESIDENT ALIEN
 OTHER

DISABILITY STATUS: (CHECK ANY/ALL THAT APPLY) (OFFICE USE ONLY-SCREEN H08)

MOBILITY IMPAIRED: WHEELCHAIR
 BRACES/CRUTCHES
 NO ASSISTIVE DEVICE
 CARDIOPULMONARY

VISUALLY IMPAIRED:
 TOTALLY BLIND
 NOT BLIND, BUT IMPAIRED AND IN NEED OF READERS/ENLARGERS

ACOUSTICALLY IMPAIRED:
 TOTALLY DEAF
 NOT DEAF, BUT IMPAIRED

SPEECH IMPAIRMENT: SPECIFY IMPAIRMENT: _____

NEUROLOGICAL IMPAIRMENTS: SPECIFY IMPAIRMENT: _____

LEARNING DISABILITY: SPECIFY DISABILITY: _____

OTHER IMPAIRMENTS:
 DIABETES
 CYSTIC FIBROSIS
 RHEUMATOID ARTHRITIS
 OTHER: EXPLAIN: _____

Course Registration

I REQUEST REGISTRATION FOR THE FOLLOWING COURSES:

PREFIX	NUMBER	SECTION	COURSE TITLE	DAYS & TIMES	CR. HRS.	VERIFIED

I certify that the information contained in this form is true and accurate to the best of my ability, and I further give the college permission to verify it.

SIGNATURE: _____ DATE SIGNED: _____

COMPLETED BY: PHONE OR EMAIL

JCC ACADEMIC ADVISOR SIGNATURE: _____ DATE SIGNED: _____