The Early College Program is for high school students who benefit from taking college courses on the SUNY Broome campus, before graduating from high school. This program is typically for seniors and juniors who are at least 16 years of age, and have maintained a high school course average of 80 or higher related to the college course they seek instruction at SUNY Broome Community College.

Application Submission Materials:

1. Fill out the Early College Application & Course Registration Form (2 pages)
2. Student and parent sign & date form
3. School Counselor or Principal must recommend/approve selected course(s) and sign/date the form
4. Attach a copy of student’s current high school transcript and courses in progress
5. Submit the application via:

   **Mail:** SUNY Broome Community College
   Fast Forward/Early College Program
   PO Box 1017
   Binghamton, NY 13902

   **Fax:** 607-778-5442

   **Drop Off:** Darwin Wales Administration Building, Room 211

The Early College Advisor will review and process the application and registration. Students must also complete a required Certificate of Residency form to avoid double tuition charges. Students can view and pay bills via their My College account, the College no longer mails bills. Questions regarding tuition payment and residency certificate please call Student Accounts at (607)778-5230. Please note those students taking six or more credits or must submit immunization records to Student Health Services (P: (607)778-5181, F: (607)778-5530).

Students must independently secure permission from their high school for credits to count toward their high school diploma. Early College will have no involvement in this process.

If you have questions regarding The Early College Program, please contact the Outreach Office at (607)778-5619 or visit [www.sunybroome.edu/earlycollege](http://www.sunybroome.edu/earlycollege).
Application and Registration Form
Complete each semester & PRINT CLEARLY

Full Name: ___________________________________________ High School/Home School:____________________________________

Permanent Address: ______________________________________________ County: _____________________________

Mailing Address: ______________________________________________ County: _____________________________

Home Phone: (_____) ______ - _________ Mobile Phone: (_____) ______ - _________ Parent Phone: (_____) ______ - _________

Social Security #: _______-_______-_______ Date of Birth: _______ / _______ / _________

Gender: Male    Female    Email: ____________________________________________ Parent Email: ________________________________

Semester of Enrollment: Fall: 20____ Spring: 20____ Summer: 20____ Anticipate HS Graduation Date: ______________________

Have you taken courses at SUNY Broome?    YES    NO    Are you a Fast Forward Student?    YES    NO

Intended Major:______________________________________________________________________________________

Course(s): __________________________ Office Use Only Processed by:___________________________ Date: ___________

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<th>Course #</th>
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<td>ENG 110</td>
<td>01</td>
<td>College Writing I</td>
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All of the information given above is true and correct. I understand that Early College courses incur tuition charges that must be paid promptly. If I decide to change my education plans, I will notify SUNY Broome in writing. I realize that nonattendance in class will not relieve me of financial responsibility. To the best of my knowledge, I have met all prerequisites for enrollment in the courses above. I agree to abide by all College rules and regulations. If students wish to transfer SUNY Broome credits back to the high school, they must obtain separate, written permission from their high school principal. This is done independently, and Early College does not become involved in this process.

_______________________________     __________________________________________________
Student Signature              Date

Parent/Guardian Signature (under 18 years)          Date

Recommendation/Approval:

School Counselor -or- Principal Signature         Date

ALR 4.15.19
The U.S Department of Health, Education and Welfare requires higher education institutions to report the ethnic makeup of their students. Help SUNY Broome improve our required reporting and services for our students.

US Citizenship/Immigration Status (please check only one):

☐ US Citizen
☐ US National but not US Citizen (American Samoa or Swain’s Island)
☐ Citizen of one of the “Freely Associate States” (Federated States of Micronesia, Republic of Marshall Islands, Republic of Palau)
☐ Permanent Resident (I-51 or I-551 or I-94 stamped “processed for I-551)
☐ Non-Resident Alien - Alien Registration # ____________________________
☐ I am on a Non-Immigration Visa type (F-1, J-1, etc.) - Visa Type ____________________________
☐ None of the above (Illegal Alien)

If not a United States citizen, of what nation are you a citizen. __________________________________________

Ethnicity/Hispanic origin (check only one):

☐ Non-Hispanic
☐ Hispanic (Central American background)
☐ Hispanic (Dominican Republic background)
☐ Hispanic (Mexican background)
☐ Hispanic (Puerto Rican background)
☐ Hispanic (South American background)
☐ Other Hispanic/Latino
☐ I choose not to reply

Racial Background (check ALL that apply):

☐ White
☐ Black or African American
☐ Asian
☐ American Indian or Alaskan Native
☐ Native Hawaiian or Other Pacific Islander
☐ I choose not to reply

Your previous history as a college student:

☐ First time student (never attended anywhere)
☐ New to SUNY Broome (previously attended college)
☐ Previously attended SUNY Broome (Fast Forward/Early College)

SUNY Broome Community College does not discriminate on the basis of race, sex, color, religion, age, national origin, disability, marital status, sexual orientation, or status as a disabled veteran or veteran of the Vietnam era in the recruitment or education of students; the recruitment and employment of faculty and staff; or the operation of any of its programs and activities. Where relevant, state and federal laws apply.

SUNY BROOME USE ONLY: Processed by: ______________________________ Date: _____ / _____ / _____