

Student Registration If you are in a degree program at SUNY Broome and on Financial Aid/TAP, you must be enrolled in courses required for your degree program. Failure to comply may result in the loss of your Financial Aid/TAP benefits.		BCC ID: _____ SS NO: _____ Registration for semester beginning _____ Major/Program _____ Internal USE ONLY <input type="checkbox"/> Audit <input type="checkbox"/> Senior Citizen
NAME _____ Email _____ Student Phone _____	GENDER: Male Female BIRTHDATE ____/____/____ Emergency Contact Phone _____	
PERMANENT ADDRESS (required): <hr/> Street Address _____ City/Town _____ State _____ Zip _____ Mailing Address (list only if different from permanent): <hr/> Street Address or P.O. _____ City / Town _____ State _____ Zip Code _____ County of Permanent Residence _____		
Note: Unless you list a different mailing address, all SUNY Broome correspondence will be mailed to your permanent address only. 1. US Citizenship/Immigration Status (please check only one): <input type="checkbox"/> a. US Citizen (skip to question 3 below) <input type="checkbox"/> b. US National but not US Citizen (American Samoa or Swain’s Island) <input type="checkbox"/> c. Citizen of one of the “Freely Associate States” (Federated States of Micronesia, Republic of Marshall Islands, Republic of Palau) <input type="checkbox"/> d. Permanent Resident (I-51 or I-551 or I-94 stamped “processed for I-551 <input type="checkbox"/> e. Non-Resident Alien: Please fill in your Alien Registration Number # _____ <input type="checkbox"/> f. I am on a Non-Immigration Visa: please list your visa type (F-1, J-1, etc.) Visa Type _____ <input type="checkbox"/> g. None of the above (Illegal Alien) 2. If you are not a citizen of the United States, of what nation are you a citizen? _____		<i>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.</i>
3. Ethnicity/Hispanic origin (please check only one): <input type="checkbox"/> a. Non-Hispanic <input type="checkbox"/> e. Hispanic (Puerto Rican background) <input type="checkbox"/> b. Hispanic (Central American background) <input type="checkbox"/> e. Hispanic (South American background) <input type="checkbox"/> c. Hispanic (Dominican Republic background) <input type="checkbox"/> f. Hispanic (Other background) <input type="checkbox"/> d. Hispanic (Mexican background) <input type="checkbox"/> g. Hispanic (no reply to background) 4. Racial Background (please check ALL that apply): <input type="checkbox"/> a. White <input type="checkbox"/> b. Black or African American <input type="checkbox"/> c. Asian <input type="checkbox"/> d. American Indian or Alaskan Native <input type="checkbox"/> e. Native Hawaiian or Other Pacific Islander <input type="checkbox"/> f. I choose not to reply		5. Your previous history as a college student: <input type="checkbox"/> a. 1 st time student (never attended anywhere) <input type="checkbox"/> b. New to SUNY Broome (previously attended college) <input type="checkbox"/> c. Previously attended SUNY Broome (continuing / readmit) <input type="checkbox"/> d. Fast Forward / Early Admit Student 6. Have you ever been convicted of a felony? *Please note that your answer to this question will not impact your ability to be admitted. This question, however, will help us to inform you on course selection options <input type="checkbox"/> Yes <input type="checkbox"/> No Continue→

CRN	Subject Code	Course Number	Course Section	Course Title	Credits	FOR ADVISOR USE ONLY APPROVAL / NOTES
0000	ENG	110	32	College Writing (example)	3	

Please read and sign the following statement:

All of the information given above is true and correct. I agree to pay promptly all charges owed to the College, and take responsibility for any collection costs incurred in the collection of this debt. If I decide to change my educational plans, I will notify the SUNY Broome Office of the Registrar in writing. I realize that non-attendance in class will not relieve me of my financial responsibility. To the best of my knowledge, I have met all the prerequisites for enrollment in the courses above. I agree to abide by all college rules and regulations.

Important Policies & Payment Information
Financial Responsibility Agreement

By submitting this form, I understand that I am registering for class(es) at SUNY Broome Community College, and I acknowledge and agree to:

- Pay promptly all charges owed to SUNY Broome Community College.
- Take responsibility for all costs of collecting unpaid charges, including, but not limited to collection agency fees, attorney fees and court costs.
- Permit SUNY Broome and / or its agents to contact me using any method available, including but not limited to the use of email, text and automated dialer systems; also any information furnished to SUNY Broome Community College may be used to contact me, including my cell phone number or work phone number.

I understand that:

- If I am planning to pay my bill with financial aid or third party deferral and the funding does not materialize for any reason, I remain responsible for all charges owed to SUNY Broome Community College.
- The College provides account balance and payment information electronically via the MyCollege portal, electronic eBill and / or email. Paper bills are not mailed.
- Failure to make timely payment will result in a hold on my account that prevents registration and transcript requests.
- If my plans change, I will notify SUNY Broome Community College Registrar in writing.
- My refund eligibility will be based upon the official date of withdrawal and New York State Community College Refund Policy.
- My agreement covers any and all registration activity.
- Nonattendance in class will not relieve me of my financial responsibility

STUDENT'S SIGNATURE _____ **Date:** _____

Immunization Requirement: Students registering for 6.0 credits or more, and born on or after January 1, 1957, must provide proof of MMR immunization to SUNY Broome Health Services by the first week of classes. Call 778-5181 for more information.

PROCESSED BY _____
DATE _____

ADVISOR'S SIGNATURE
 (if matriculated student)

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.

Revised 01/2020