



The **Early College Program** is a program for high school and homeschool students who can benefit from enrolling in college courses on the SUNY Broome Community College's main campus or online. Early College students can enroll full or part-time, prior to graduating from their high school or homeschool instruction. Students must have a minimum overall average of 80% (equivalent to 2.7 GPA or B-). Students may need to complete a Math and/or English Placement Assessment and should a student receive an "F" in a course, at any given time during the program, the student may not enroll in future semesters, until they graduate from their high school or homeschool instruction.

Application Submission Materials:

- 1. Fill out the Early College Application & Course Registration Form (2 pages)**
- 2. Student and parent/guardian sign & date form**
- 3. Waiver Form – student and parent/guardian sign and date form**
- 4. School Counselor/Principal/Homeschool Instructor must recommend/approve selected course(s) and sign/date the form**
- 5. Attach a copy of student's current high school/homeschool transcript and courses in progress**
- 6. 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 or homeschool instruction. Early College Office is not involved in this process.

If you have questions regarding The Early College Program, please contact the Outreach Department: (607)778-5619 or visit 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:** _____

	<u>CRN</u>	<u>Subject Code</u>	<u>Course #</u>	<u>Course Section</u>	<u>Course Title</u>	<u>Credit Hours</u>
Ex:	1234	ENG	110	01	College Writing I	3
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

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*



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:** ____ / ____ / ____

**SUNY Broome Community College System
Assumption of Risk, Release and Liability Waiver
Form for Enrollment of Minor Students**

_____ (“the minor student”) and _____ (“the parent” or “the legal guardian”) want the minor student to take classes at SUNY Broome Community College (“College”). The parent represents that the minor student is not yet 18 years of age; that the parent is the parent or legal guardian of the minor student; and that the parent is legally competent to sign this form on behalf of the minor student. The parent and minor student (collectively “we”) agree to the following representations, understandings and agreements.

We understand that the law and culture of higher education generally presume that college students are mature adults capable of independently evaluating their environment and independently attending to their needs. We understand that the minor student will voluntarily enter into an adult environment; that the College will treat the minor student as an adult within that environment; and that the minor student accepts fully the rights and responsibilities of an adult within that environment. We understand that expectations that we may have for support and service(s) that may arise from the minor student’s experience in secondary education will often not be appropriate or available in the collegiate setting. In particular, we understand that the minor student will be taking college level courses and that the academic environment will encourage free discussion and open inquiry of sometimes controversial subjects.

We represent that the minor student has the emotional and intellectual maturity necessary to participate beneficially in the collegiate environment. We have access to, and agree to follow, all College policies and procedures and, if the minor student indicates that he or she cannot adapt to that environment, we agree to withdraw, and/or permit the College to remove, the minor student from the College.

We understand that the College will have specific rules that will apply to the minor student’s ability to enroll and attend. These rules may include, but are not limited to, certain enrollment prerequisites, registration requirements, placement tests, matriculation status, and access to “remedial” or “developmental” courses. Examples of such rules are as follows:

1. Successful completion of a specific high school level course; and/or
2. Successful completion of a specific college level course.

For a complete understanding of like applicable rules, we agree to consult with the College and we agree to accept their application to the minor student.

On behalf of ourselves, our family, heirs and personal representative(s), we understand and agree that the College will treat the minor student as an adult; that we have had a reasonable opportunity to consider the risks of a minor student participating in the adult and independent learning environment of the College; and that we assume all such risks regarding the minor student’s participation at the College. On like behalf, we further release, hold harmless, indemnify and covenant not to sue SUNY Broome Community College and their governing boards, trustees, employees and any agents from and against any and all liability for harm, injury, damage, claims, demands, actions, causes of action and expenses of any kind that we may have or that may hereafter accrue to us, directly or indirectly, related to any loss, damage or injury that we may sustain from the minor student’s participation at the College.

We have both read the above form; we both understand its terms and conditions, and we both intend to be bound by it from the date of signature below until the student reaches his or her 18th birthday and is no longer a minor.

Parent’s Signature

Student’s Signature

Parent’s Printed Name

Student’s Name (Please print)

Date _____

Date _____



BCC Initial: _____

City Code: _____

COMPLETE ALL SHADED AREAS DIRECTIONS ON REVERSE THIS FORM REQUIRES YOUR PHYSICAL ADDRESS

DO NOT USE A POST OFFICE BOX NUMBER

AFFIDAVIT (OR AFFIRMATION) AND APPLICATION FOR CERTIFICATE OF RESIDENCY

Pursuant to Sections 6301 and 6305 of the New York State Education Law

Social Security # _____

Semester _____ Year _____

STATE OF NEW YORK, COUNTY OF _____

(County where you physically reside)

I, _____ do hereby swear (or affirm) that I reside at _____, in the City/Village/Town of _____, County of _____, State of New York; that I now am and have for a period of one year prior to the date of this affidavit (or affirmation) been a resident of the State of New York; that I now am, or have been for a period of six months prior to the date of this affidavit (or affirmation) a resident of the County of _____

Students 25 years of age and older may omit parent information- enter the physical address do not use your Post Office Box

Parent's Address: _____ From: ____/____/____ To: ____/____/____ (Street-do not use a PO Box) (City) (Zip)

(enter your physical address do not use your Post Office Box)

Student's Permanent Address: _____ From: ____/____/____ To: ____/____/____ (Street- do not use a PO Box) (City) (Zip)

If less than one year at the above address, list your addresses (include dates of residence) for the PAST YEAR: Street- (do not use a PO Box) City Zip From: To:

Did you graduate from a New York State High School or receive a GED from New York State? Yes No If yes, please provide High School Name, Location and Dates Attended

Name: _____ City/Town _____

From: _____ To: _____ Graduation or GED Date: _____

Citizenship: United States Citizen Other Visa Type _____ Resident Alien# _____

I further state that I plan to enroll in Broome Community College and that this affidavit (or affirmation) and application is made for the sole purpose of securing from the Chief Fiscal Office of the County of _____ a certificate of residence pursuant to the requirements of Article 126 of the Education Law (County- where you physically reside)

IF YOU LIVE OUTSIDE OF BROOME COUNTY YOUR COUNTY MAY REQUIRE A NOTARIZED SIGNATURE

Sworn to before me this _____ day

of _____, 20_____.

(NOTARY SIGNATURE)

(NOTARY STAMP)

YOUR SIGNATURE

(SIGNATURE)

(DATE)

FOR USE BY YOUR COUNTY'S CHIEF FISCAL OFFICER

(SIGNATURE)

(DATE)

Education Law, Section 6305, provides: "The chief fiscal officer of each county, as defined in section 2.00 of the local finance law, shall, upon application and submission to him of satisfactory evidence, issue to any person desiring to enroll in a community college as a non-resident student, a certificate of residence showing that said person is a resident of said county. Such person shall, upon his registration for each college year, file with the college such a certificate of residence issued not earlier than two months prior thereto, and such certificate of residence shall be valid for a period of one year from the date of issuance". Education law, Section 6301, paragraph 4, defines: Resident: A person who has resided in the state for a period of at least one year and in the county, city, town, intermediate school district, school district or community college region, as the case may be, for a period of at least six months, both immediately preceding the date of such person's registration in a community college or, for the purposes of section sixty-three hundred five of this article, his or her application for a certificate of residence.

INSTRUCTIONS FOR COMPLIANCE WITH THE CERTIFICATE OF RESIDENCY REQUIREMENT

Per New York State Education Law, all students enrolled at BCC who intend to benefit from tuition rates for New York State Residents **MUST SUBMIT** a Residency Affidavit **OR** a Certificate of Residency. Other documentation may demonstrate you are a resident but the Certificate of Residency is **the only document** that will permit you to benefit from in state tuition rates.

DEPENDENT STUDENTS:

A student who is a dependent of a person who lives outside of New York State is a resident of the other state for Community College Tuition purposes regardless of where the student resides. Residents of another state are required to pay out of state rates (double the Resident Tuition Rate) **except in limited cases as noted under "OTHER" below.**

BROOME COUNTY RESIDENTS:

If you have been a legal resident of New York State for the past year AND a resident of Broome County for the last six months, fill out the RESIDENCY AFFIDAVIT, sign it and submit it to the Student Accounts Office. **Residing in Broome County solely to attend school** (relocating from your parent's home or a prior address) **does not** constitute legal residency. Documentation may be requested for verification.

OTHER NEW YORK STATE RESIDENTS:

(Non-resident charges will apply if a residency certificate is not submitted).

If you have been a legal resident of New York State for the past year and a resident of a county or counties other than Broome, follow these instructions:

1. Fill out the Residency Affidavit(s).
2. Have your signature(s) notarized.
3. Bring the Affidavit to your County Treasurer(s). DO NOT return the Affidavit(s) to BCC.
4. The Treasurer(s) will keep the Affidavit(s) and issue a Certificate of Residency to you.
5. Submit the certificate(s) to the Student Accounts Office.

NON-NEW YORK STATE RESIDENTS:

Out of State Tuition Rates (double the tuition for NYS residents who submit a residency certificate) are charged to all students who have not been legal, permanent residents of New York State for the past year. This includes:

1. International Students holding an F1 Visa.
2. Temporary Residents (short term job assignments or living here while attending college for example).
3. Any person who is in the US on a Visa.

OTHER: You may be eligible for resident tuition regardless of your permanent domicile if, **within the last five years you: received a GED from New York State OR graduated from a New York State high school that you attended for at least 2 years.** Please note that a Certificate of Residence issued by your home county will still be required as explained above.

MAIL AFFIDAVIT OR CERTIFICATE TO:

Broome Community College
Student Accounts Office
PO Box 1017
Binghamton NY 13902

FOR CLARIFICATION OR QUESTIONS PLEASE CONTACT:

Student Accounts Office
Student Services Building Room 113
607-778-5230

Contact information is listed below for counties where most students who are non-Broome County residents reside.

If your county is not listed refer to your county's website or telephone directory for the Treasurer or Chief County Fiscal Officer.

CHENANGO COUNTY

County Treasurer
County Office Building
Norwich NY 13815
607-337-1421

CORTLAND COUNTY

County Treasurer- County Office Bldg
60 Central Ave
Cortland NY 13045
607-753-5070

DELAWARE COUNTY

County Treasurer
Delhi NY 13753
607-832-5070

MONROE COUNTY

Monroe County Real Property Tax Svc
Rochester NY 14614
585-753-1125

OTSEGO COUNTY

County Treasurer
197 Main Street
Cooperstown NY 13326
607-547-4235

TIOGA COUNTY

County Treasurer
56 Main St
Owego NY 13827
607-687-8670

TOMPKINS COUNTY

County Treasurer
125 East Court St
Ithaca NY 14850
607-274-5545

Additional Information and forms are available at <https://www.sunybroome.edu/web/www/residency>

CERTIFICATE OF IMMUNIZATION

Last Name: _____ First Name: _____ M.I. _____

Date of Birth: mo. _____ day _____ Yr. _____ SS or Student I.D. Number _____

All students born on or after January 1, 1957, who plan to register for 6 or more credits, must show documented evidence of immunity to measles, mumps, and rubella. A copy of your immunization record may be kept by your parents, doctor, elementary/junior high/high school, or public health clinic. It may also be available in your military records or through your passport. **Failure to comply with these regulations can result in suspension of all your classes!**

Please bring all documentation to Student Health Services, Science Bldg., Room 102, between the hours of 8:30 a.m. and 4:30 p.m., Monday through Friday. Please include your complete name, date of birth, and social security number on all pieces of information. For more information and/or clarification, call Student Health Services at (607)-778-5181

Proof of immunization does not need to be on the form below. Other acceptable forms include legible baby books, records from physicians, or records from previously attended high schools and/or colleges.

Proof of the following is required:

1. Measles (Rubeola): Two (2) doses of live measles vaccines. First dose must have been given on or after 12 months of age.
2. Mumps: One dose of live mumps vaccine received on or after 12 months of age.
3. Rubella: One dose of live mumps vaccine received on or after 12 months of age.

IMMUNIZATION RECORD (Must be submitted by all students born on or after Jan. 1, 1957)						
MANDATORY Note: all doses must be given on or after first birthday	IMMUNIZATION	DATE VACCINE GIVEN (MO./DAY/YR.)		SEROLOGY (If Titer was done)	IMMUNE (YES or NO)	TITER LEVELS
	MMR combined (2 doses)	1.	2.			
	USE TABLE BELOW IF VACCINES WERE GIVEN SEPARATELY					
	Measles (2 doses) and	1.	2.			
	Mumps (1 dose) and					
	Rubella (1 dose)					(History of disease not acceptable)
Meningococcal vaccine						

This form must be signed by a medical care provider if it is filled out by a provider.

I certify that the above is complete and accurate to the best of my knowledge.

Signature _____

Health Care Provider or School Official's Name (Print) _____

High School/College/Medical Office Name: _____

Phone: _____

Meningitis Response Form (to be completed by all students enrolling for six (6) or more credit hours)

Please note: the meningitis vaccine is not required, please read and sign waiver below.

____ I have read, or had explained to me, the information (on reverse) regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I (my child) will not obtain immunization against meningococcal meningitis disease. I understand that I may choose to seek vaccination in the future. The vaccine is available at the Broome County Health Department for a fee and may also be available from any community health providers.

____ I have had the Menomune/Meningococcal meningitis vaccine within the last 10 years (date): _____

Signature: _____ Date: _____

*Parent or guardian must sign if student is under the age of 18 years.



Office of the Registrar
SUNY Broome Community College
PO Box 1017
Binghamton, NY 13902-1017

Date: _____
Student Name: _____
SUNY Broome ID #: _____
Student Address: _____

RE: Release of Information

I hereby authorize the Office of the Registrar at SUNY Broome Community College to release the following non-directory information pertaining to my student records (Check all that apply):

- Academic Information
- Financial Information
- Housing Information
- Medical Information
- Student Conduct Information

I hereby request that the Office of the Registrar at SUNY Broome Community College to **not** release any directory information pertaining to my student records:

Directory Exclusion Confidential

Person(s) the information may be released to: _____

Code word: _____

How long this release is authorized for (Ex: One semester, one year, throughout SUNY Broome career):

This information will be used for the following reason(s): _____

Student Signature

Date

Processed: _____