



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:** _____ / _____ / _____

Email: _____ **Parent Email:** _____

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

Intended Major: _____

Intended Major: _____

Course(s): _____ Office Use Only Processed by: _____ Date: _____

CRN	Subject Code	Course #	Course Section	Course Title	Credit Hours
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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



Please select your personal information below.

Gender Identity:

- Male
- Female
- Non-Binary
- Unknown

Sex:

- Male
- Female

Personal Pronoun:

- She, Her, Hers, Herself
- He, Him, His, Himself
- They, Them, Theirs
- Other
- No Preference

US Citizenship/Immigration Status:

- US Citizen
- Permanent Resident
- Not a U.S. Citizen
- English is not my first language

Are you Hispanic or Latino?

- Yes
- No

Regardless of your answer to the prior question, please select one or more of the following groups in which you consider yourself a member:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic
- Native Hawaiian or Other Pacific Islander
- White

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 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: _____
Cty 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 # _____

STATE OF NEW YORK, COUNTY OF

Semester _____ Year _____

(County where you physically reside)

I, _____ do hereby swear (or affirm) that I **reside at**
(print your full name)

_____, in the City/Village/Town of _____, County
(Street Address do not use a PO Box)

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)

Student's _____ (enter your physical address do not use your Post Office Box)

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 Officer of the County of _____ (County- where you physically reside)
a certificate of residence pursuant to the requirements of Article 126 of the Education Law

**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>



INFORMATION RELEASE FORM

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

Date: _____

Student Name: _____

SUNY Broome ID #: _____

Permanent Address: _____

City, State, Zip: _____

RE: Release of Information

I hereby request that the Office of the Registrar at SUNY Broome Community College either:

Not release any information pertaining to my student records (Directory Exclusion Confidential)

OR

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

Letter of Enrollment (Specify term(s)): _____

Name(s) of person(s) the information may be released to: _____

Required password (Ex: Nickname, favorite sport, vacation spot, pet's name, etc. **Don't** use your name or DOB):

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

Comments (Registrar's Office only):

Student Signature

Date

Processed: _____

How to Access your SUNY Broome Student Email

Every registered student receives a SUNY Broome email account.

How to access your SUNY Broome student email:

- 1) Go to <http://www.gmail.com>
- 2) Your email username is the same as your **My College** username with @acad.sunybroome.edu
For example: publicj999@acad.sunybroome.edu
- 3) Your email password will be your **My College** password with **BCC** at the beginning of your password
For example: If your password for My College is ilovebroome
Your email password will be BCCilovebroome

How to set your student email password the same as your My College password:

1. To change your **My College** password log on to a campus computer and press the **Ctrl-Alt-Del** buttons at the same time. Make your password at least eight characters long
2. Change your email password log on to <http://www.gmail.com>
Click Settings, Accounts, Google Account Settings, finally click changing your password. Use the same password you use for **My College**

For a list of **Frequently Asked Questions for Gmail:** <http://www.sunybroome.edu/gmail-faq>

For Technical Assistance:

Help Desk, Library, room 102D

Email: helpdesk@sunybroome.edu

AOL IM: BCCHLPDSK

Phone: (607) 778-5243

Hours:

Monday and Wednesday - 9:00 am to 6:00 pm

Tuesday, Thursday & Friday - 9:00 am to 5:00 pm

Saturday and Sunday - Closed

Student Guide: Accessing Your Blackboard Courses

Online, blended and web supplemented courses are offered by SUNY Broome through Open SUNY and use the Blackboard Learning Management System. You can access your courses by going directly to the SUNY Broome Blackboard Website – <http://broome.open.suny.edu>

NOTE: Blackboard courses are typically not available to students until the first day of class.

To Access Your Courses:

1. Using a supported Internet browser (Firefox and Chrome are recommended), navigate to <https://broome.open.suny.edu>

2. Type your Username and Password into the appropriate boxes and click the Login button.
Your Blackboard Username and Password should be the same as your MyCollege Username and Password. Usernames generally include your last name the first initials of your first and middle names.

3. If you do not know your Blackboard Username and Password, click on the “Forgot Your Password?” link to retrieve your Blackboard Username and Password, follow the onscreen instructions and use the information provided to login.

4. Once you enter Blackboard, you will see a box on the right side of your screen that lists each of your courses. This box is called the “My Courses Module.” You can access your course by clicking on its name within the My Courses Module.

Login Here

Change Text Size | High Contrast Setting

You are not logged in
Please enter your credentials and click the Login button below.

USERNAME:

PASSWORD:

Login [Forgot Your Password?](#)

If you can't remember your password, click here and follow the instructions.

My Courses

Courses where you are: Student

201510-CLT 110 Y01-Intro to Clinical Lab Tech

201520 - BIO 131 Y11 & Y12 Human Biology I

Click on the link to access your course

Note: If a course that you have registered for does not appear in your “My Courses” area and it is **before the first day** of the start of the semester, it most likely means that your instructor has not yet enabled the course to students. If your course does not appear **after the first day** of the semester, please contact the Open SUNY Helpdesk at 1-844-OPENSUNY.

SUNY BROOME

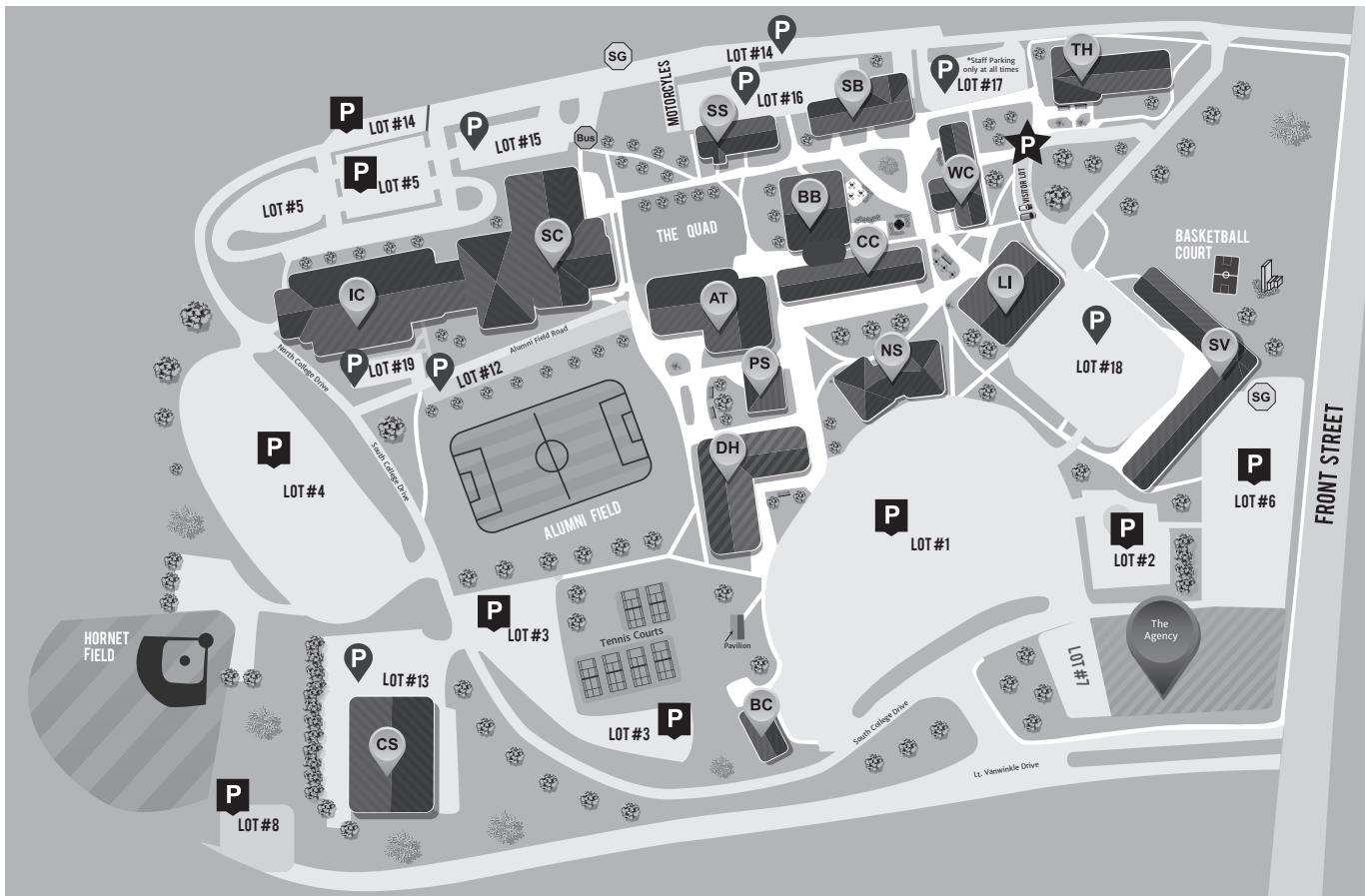
Campus Map

PARKING KEY

- P** STUDENT PARKING (LOTS 1-8)
- P** STAFF PARKING (LOTS 12-19)
- P** VISITOR PARKING
- Bus** BUS STOP

BUILDING KEY

- AT** Applied Technology Building
- BB** Business Building
- BC** B.C. Center (Day Care)
- CC** Calice Center
- CS** Campus Services Building
- DH** Decker Health Science Center
- IC** Ice Center
- LI** Library/Learning Resources Center
- NS** Natural Science Center
- PS** Public Safety Building
- SB** Science Building
- SC** Student Center
- SG** Smoking Gazebo
- SS** Student Services Building
- SV** Student Village
- TH** Paul F. Titchener Hall
- WC** Darwin R. Wales Center



YEAR-ROUND STUDENT PARKING

Marked by SQUARE signs: Lots 1-8
Faculty/Staff Parking Marked by PIN signs: Lots 12-19 Lot 17, Staff Lot ONLY, 24 hours a day

VISITOR PARKING

Visitor parking is located in front of the Wales Building. Visitors must obtain a temporary permit to park. Temporary permits can be obtained in the Wales building or the Public Safety building. Please have photo ID and your license plate number. You will be directed where to park from here. No faculty, staff, or student may park in the visitor lot at any time.

AFTER HOURS PARKING

Beginning at 5 p.m., with the exception of Lot 17 and the Visitor's Lot, students (with campus permits) may park in all other staff lots.

HANDICAPPED PARKING

SUNY Broome recognizes the Handicapped Parking Permits and License Plates issued by any valid state, county, or local government agency with campus permit.

PARKING PERMITS

All vehicles must have a parking permit (temporary or assigned) to park on campus. Please contact Public Safety at (607) 778-5083 for information on how to receive your parking permit.

STUDENT VILLAGE RESIDENT PARKING

Monday - Friday from 7 a.m. - 5 p.m., Resident students can park in student lots 1 - 8. Overnight parking is from 11 p.m. - 7 a.m. and student village residents must park in lot 6. Failure to park in this lot will result in tickets.

DECAL PLACEMENT

Decal placement, as depicted in diagram, is located on the passenger side lower corner of the vehicle's windshield. Only one SUNY Broome parking decal is allowed to be displayed at a time.

