



Registrar@sunybroome.edu P.O. Box 1017 • Binghamton, New York 13902 Voice: (607) 778-5027 Fax: (607) 778-5294

Course Registration Form

- Complete and submit this form to the Registrar Office.
- Before registering for courses, confirm course availability and ensure prerequisites have been met, Academic Advisors are available for assistance.
- Please complete both sides of this form to ensure your curse registration will be processed efficiently.
- If you have any questions regarding registration, please contact the office, contact information listed above.

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Name:		SS Nu	ımber:	B Numb	er:
Date of Birth:		Gender:	М	F	
Address:		Apt.		Floor	
City:		State:		Zip Code:	
Cell Number:	Home	#:	Emergency	Contact:	
Email:		Email:			
County of Residence:			Sta	te:	
sidency Status:					
Are you a citizen of th	ne United States?	Yes	NO		
ICNO Assess Brown	anant Dasidant?	Vaa	NO		
If NO, Are you a Perm	ianent Resident?	Yes	NO		
•			NO		
If NO, of what country			NO		
•			NO		
If NO, of what country			NO		
If NO, of what country Visa Status:		n of?	Hispanic	Asian	
If NO, of what country Visa Status:	y are you a citizer	n of? American		Asian	
If NO, of what country Visa Status: nnicity Status: White	y are you a citizer	n of? American		Asian	
If NO, of what country Visa Status: mnicity Status: White American Ind	y are you a citizer Black/African A	n of? American	Hispanic	Asian IY Broome (previous	ly attended college)
If NO, of what country Visa Status: Mhite American Ind Ilege History:	Black/African Aian Others	n of? American : nywhere)	Hispanic New to SUN		
If NO, of what country Visa Status: White American Ind Ilege History: 1st time student (1)	Black/African Aian Others	n of? American : nywhere)	Hispanic New to SUN	IY Broome (previous	

Part 2: Course Information

Semester enrollment:	FΔII	SPRING	SUMMER	WINTER	Year:
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CRN	Subject	Course	Course	Course Title	Credits	Advisor Use: Notes:
	Code	Number	Section			
0000	ENG	110	32	College Writing (example)	3	Notes

Part 3a: Student's Declaration and Certification

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.

Part 3b: Student's Acknowledgment

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 the 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 the College's Registrar office in writing;
- My refund eligibility will be based upon the official date of withdrawal and NYS Community College Refund Policy;
- My agreement covers any and all registration activity;
- Non-attendance in class will not relieve me of my financial responsibility.

PART 4 Signature:

UDENT'S SIGNATURE: DATE:

Immunization Requirements:

Students Registering for 6 credits or more, and born on or after January 1, 1957 must provide proof of MMR immunization to the College's Health Services by the first week of classes. Call 607-778-5181 for more information.

FERPA

SUNY Broome Community College does not discriminate on the bases 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.