

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_ Middle Name : \_\_\_\_\_

### REGISTRATION FORM FOR NEW NON-DEGREE STUDENTS

All non-degree students will need to verify that they have met course prerequisites before they will be permitted to register for courses that have prerequisite requirements. Please review the [Registration Policy Regarding Prerequisites](#) for further information on how to document prior satisfaction of prerequisites. In addition, you must fill out a [prerequisite waiver request form](#) and submit it with your documentation.

Social Security #: \_\_\_\_\_ (Your Social Security Number is used to coordinate the collection of information DC E-5.9 (on) 0.5 (of) 5. ntror

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_ Middle Name : \_\_\_\_\_

Emergency Contact Information :

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

' Home; ' Work; ' Cell; ' 2 W K H U

' Home; ' Work; ' Cell; ' 2 W K H U

Course Selection :

CAMPUS: _____ (A, E, W)	CRN: _____ H [	SUBJECT: _____ H [ (1*	COURSE: _____ H [	CREDITS: _____ H [	*AUDIT: _____ ¥
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\*Audit ( ) = Check if auditing course. Please note: full charges still apply when auditing a course.

\*The Personal Privacy Protection Law requires this notice to be provided when collecting personal information from individuals. The information on this registration form will be used by SCCC to evaluate your request for admission and will be incorporated into your student records if and when you enroll. Failure to provide the requested information could prevent your application from being processed. The authority to request this information is found in Section 355(2)(h) of the Education Law. This application information will be maintained by the State University of New York at Albany. If you are a student with a disability, you may be eligible for accommodations. For more information, please contact the Disability Services Office at 518-437-5900. This information is for your use only and is not to be shared with anyone else. If you have any questions, please contact the Registrar's Office at 518-437-5900. This information is for your use only and is not to be shared with anyone else. If you have any questions, please contact the Registrar's Office at 518-437-5900.

Non-Discrimination Notice: The State University of New York at Albany does not discriminate on the basis of race, ethnicity, sex, sexual orientation, gender identity, marital status, pregnancy, predisposing genetic characteristics, national origin, military or veteran status, domestic violence victim status, or disability in its admissions, programs and activities. For more information, please contact the Office of Diversity, Equity and Inclusion at 518-437-5900. This information is for your use only and is not to be shared with anyone else. If you have any questions, please contact the Office of Diversity, Equity and Inclusion at 518-437-5900.