Mail-In Registration Form for Credit Courses

Last Name: ____________________ First: ____________________ Middle: _______ SSN: ____________

<table>
<thead>
<tr>
<th>Year:</th>
<th>Term (check one):</th>
<th>Subject Prefix</th>
<th>Course Number</th>
<th>Section</th>
<th>Course Title</th>
<th>Credit Hours</th>
<th>Meeting Days and Times</th>
<th>Tuition and Fees</th>
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Legal/Permanent Address: □ Check box if this is an address change

Street Address: ___________________________ City: ______________ State: __________ Zip: ______

Email Address: ___________________________ Birth Date: __________ Gender (M/F): ________

Affirmation: __________________________________________________________

Legal/Permanent Address: _____________________________________________

Phone Number: ____________________________

Ethnicity: Are you Hispanic/Latino (check on, optional)? □ Yes □ No

If Hispanic/Latino, please indicate your background (select one, optional):
□ Central American □ Dominican □ Mexican □ Puerto Rican □ South American
□ Cuban □ Other Hispanic/Latino

Please indicate your race (select one or more, optional):
□ American Indian/Alaskan Native □ Asian □ Black or African American
□ Native Hawaiian/Pacific Islander □ White

What is your primary educational objective at FLCC? (Check the SINGLE best answer.)
□ Transfer to another SUNY college after earning a degree.
□ Transfer to a non-SUNY college after earning a degree.
□ Transfer to a SUNY college without earning a degree.
□ Transfer to a non-SUNY college without earning a degree.
□ Earn a degree/certificate and seek employment rather than pursue further post secondary education.
□ Learn new skills or upgrade existing skills without earning a degree.
□ Seek enrichment rather than to pursue a degree/certificate.
□ Obtain a Certificate of General Education Development (GED) through the accumulation of college credits.
□ Uncertain

To ensure compliance with FLCC Admission Policy, please complete:

To register, sign here! X ___________________________ Date: ______________

One Stop Center • Finger Lakes Community College • 3325 Marvin Sands Dr • Canandaigua, NY 14424 • (585) 785-1000 • Fax: (585)785-1735 • e-mail: onestop@flcc.edu

Nondiscrimination Notice: Finger Lakes Community College does not discriminate based on an individual’s race, color, national origin, religion, creed, age, disability, sex, gender identity, gender expression, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, military status, domestic violence victim status, or criminal conviction.
Print Student's Name: ___________________ ___________________ ___

OR

FLCC ID No.: ___________________ Student's Soc. Sec. No.: ____________

Total Amount: $ ____________ Semester: ____________ Year: ____________

Please check one: [ ] Discover Card [ ] Master Card [ ] Visa

Credit Card No.: ___________________ Expiration Date: ____________

Enter the three Digit Card Verification Value that appears on your Credit Card: ___________________

Print Cardholder's Name: ___________________ ___________________ ___

Credit Cardholder’s Address (where you receive your credit card statements):

Street Address or P. O. Box

City _______ State _______ Zip Code

Cardholder’s Telephones:

Day ____________ ____________ ____________ Evening ____________ ____________ ____________

By signing below, I agree to pay the above-mentioned total amount. I acknowledge that I have read and understand the statement and policies as set in the FLCC Catalog.

X ___________________ Date

Cardholder Signature

FOR OFFICIAL USE ONLY: Amount Paid: _______ Receipt #: ____________ Date received: ____________ By: ____________