

Mail-In Registration Form for Credit Courses

Last Name: _____ First: _____ Middle: _____ SSN: _____

Year: _____
 Term (check one):
 Fall
 Spring
 Summer
 Winter

Subject Prefix	Course Number	Section	Course Title	Credit Hours	Meeting Days and Times	Tuition and Fees
						\$
Total Payment Due:						\$

Legal/Permanent Address: Check box if this is an address change

Street Address _____ City _____ State _____ Zip _____ Home Phone _____ Cell Phone _____

Email Address _____ Birth Date _____ Gender (F/M) _____

Student Affirmation (Ontario County Residents Only):
 I swear that the above address is my permanent address and has been since _____ and that I am now, and have continuously been for at least one year, a resident of New York State and for at least six months a resident of Ontario County both immediately and prior to the date of my application for admission to Finger Lakes Community College or to this affirmation, and in addition to my present residence, I have lived at the following places during the year prior to the date of this affirmation:

Address _____ Date: _____
 Address _____ Date: _____

Student's Signature: _____
 Sworn to me this _____ day of _____ 20____
 Notary Public: _____

Affirmation must be notarized to be valid

Student Signature (required):
 FLCC has a Student Code of Conduct Policy that outlines the rights and responsibilities of students, behaviors prohibited on or off campus and possible sanctions. I understand the policy pertains to me while I am enrolled at FLCC and can read the Policy at <http://www.flcc.edu/offices/judicial> or in the Student Handbook and Academic Planner. I certify that I have met all stated prerequisites for the course(s) listed above. I acknowledge that my tuition and fees will be paid by the tuition due date and that I am liable for any collection fees as a result of my failure to pay, including, without limitation, collection agency costs and fees, court costs and fees, attorney costs and fees. If I decide not to attend FLCC, I will submit an Official Withdrawal form on WebAdvisor prior to published deadlines, and I realize that non-attendance in class will not relieve my financial responsibility. I understand that FLCC may use an automated calling system and a pre-recorded message to contact me by phone regarding my affiliation with the college. I have reviewed and understand the college's refund policies, which can be found at <http://www.flcc.edu/offices/bursar/refunds.cfm>. By signing this form, I acknowledge that I can read and understand the statements and policies as set in the FLCC catalog.

To register, sign here! **X** _____ Date: _____

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:
 Have you been expelled and/or dismissed from a college for disciplinary reasons? Yes No

Would you like to receive important text messages related to your FLCC application and enrollment process? Yes No

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

Finger Lakes Community College

One Stop Center, 3325 Marvin Sands Drive, Canandaigua, NY 14424-8395

Tel: 585-785-1000 ~ Fax: 585-785-1735

CREDIT CARD PAYMENT AUTHORIZATION

Print Student's Name: _____
Last First Middle

FLCC ID No.: [][][][][][][][] OR Student's Soc. Sec. No.: [][][][][][][][][][][][][][][][][][]

Total Amount: \$ _____ Semester: _____ Year: _____
Fall /Spring/Summer/Winter Session

Please check one: Discover Card Master Card Visa

Credit Card No.: [] Expiration Date: [][][] [][][]
Month Year

Enter the three Digit Card Verification Value that appears on your Credit Card (see example below) (Required) : [][][]



Print Cardholder's Name: _____
Last First Middle

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 _____
Cardholder Signature Date