

If you are in a degree program at BCC and on Financial Aid/TAP, you must be enrolled in courses required for your degree program. Failure to comply may result in the loss of your Financial Aid/TAP benefits.

Name _____
Last Name First Name MI

Email _____

Permanent Address (required):

Street Address _____

City _____ State _____ Zip _____

Mailing Address (list only if different from permanent):

Street Address or P.O. _____

City _____ State _____ Zip _____

Note: Unless you list a different mailing address, all BCC correspondence will be mailed to your permanent address only.

1. US Citizenship/Immigration Status (please check only one):

- a. US Citizen (skip to question 3 below)
- b. US National but not US Citizen (American Samoa or Swain's Island)
- c. Citizen of one of the "Freely Associate States" (Federated States of Micronesia, Republic of Marshall Islands, Republic of Palau)
- d. Permanent Resident (I-51 or I-551 or I-94 stamped "processed for I-551")
- e. Non-Resident Alien: please fill in your Alien Registration number # _____
- f. I am on a Non-Immigration Visa: please list your visa type (F-1, J-1, etc.) Visa Type _____
- g. None of the above (Illegal Alien)

2. If you are not a citizen of the United States, of what nation are you a citizen? _____

3. Ethnicity/Hispanic origin (please check only one):

- a. Non-Hispanic
- b. Hispanic (Central American background)
- c. Hispanic (Dominican Republic background)
- d. Hispanic (Mexican background)
- e. Hispanic (Puerto Rican background)
- f. Hispanic (South American background)
- g. Other Hispanic/Latino
- h. I choose not to reply

4. Racial Background (please check ALL that apply):

- a. White
- b. Black or African American
- c. Asian
- d. American Indian or Alaskan Native
- e. Native Hawaiian or Other Pacific Islander
- f. I choose not to reply

5. Your previous history as a college student:

- a. 1st time student (never attended anywhere)
- b. New to BCC (previously attended college)
- c. Previously attended BCC (continuing/readmit)
- d. Fast Forward/Early Admit Student

6. Have you ever been convicted of a felony?

- a. No b. Yes _____

BCC ID _____

Social Security No. _____
(new students only)

Registration for semester beginning _____

Major/Program _____

Expected year of graduation _____

Senior Citizen Audit

Gender: M F

Birthdate: ____/____/____

Student Phone _____

Emergency Contact Phone _____

County of Permanent Residence _____

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.

SUBJECT CODE	COURSE NUMBER	COURSE SECTION	COURSE TITLE	CREDITS
Eng	110	32	College Writing (sample)	3

SUBJECT CODE	COURSE NUMBER	COURSE SECTION	COURSE TITLE	CREDITS

Please read and sign the following statement:

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 education plans, I will notify the BCC 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.

STUDENT'S SIGNATURE: _____ **ADVISOR'S SIGNATURE:** _____

Immunization Requirements: Students registering for 6.0 credits or more, and born on or after January 1, 1957, must provide proof of MMR immunization to BCC Health Services. Call 607 778-5181 for more information.