

Student ID:

J _ _ _ _ _



Registration Term:

☐ Spring 20__ ☐ Summer 20__ ☐ Fall 20__ ☐ Winter 20__

Current Legal Name **Date of Birth**

_____-_____-_____
Last First MI Month Day Year

Previous Name (if applicable) **Email address**

_____-_____-_____
Last First MI email address here

Current Address

Street County

_____-_____-_____
City State Zip Code Home Telephone Number

_____-_____-_____
Cell Phone Number Business Telephone Number

Citizenship

- ☐ U.S. Citizen
☐ Resident Alien (green card)
☐ Refugee/Asylum

Hispanic Origin

- ☐ Non-Hispanic
☐ Dominican
☐ Mexican
☐ Puerto Rican
☐ Central American
☐ South American
☐ Cuban
☐ Other/ Unknown

Student Social Security Number

_____-_____-_____-_____-_____-_____-

Ethnicity

- ☐ White
☐ Black or African American
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ American Indian or Alaska Native

Gender

- ☐ Male ☐ Female

Student Registration Form

High School Data: Please check one.

☐ I graduated from _____ in _____.
High School Year

☐ The school city/state is: _____

☐ I received a GED (equivalency Diploma) from the
State of _____ in the year _____.
☐ I am not a high school graduate or GED holder since
I am still enrolled at _____
with an expected graduation date of _____.
☐ I am not a high school graduate or GED holder.
☐ I was/am being homeschooled with a graduation date of
_____.
(month/Year)

College Education History:

- ☐ **New:** I have never attended college.
- ☐ **Continuing:** I was in attendance at JCC last semester.
- ☐ **High School:** I have attended or am attending JCC while
in high school.
- ☐ **Returning:** I have attended JCC in the past taking credit courses,
but I was not enrolled last term.
- ☐ **Transfer:** I have never attended JCC, but I have attended a
degree-granting College/University: **Enter data below.**

Academic transcripts are required for all colleges which you have
attended or from which you have received (or will receive) credit.

| College Name | City, State | Attendance Date | Degree Earned |
|--------------|-------------|--------------------|------------------|
| | | | |
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This completed form may be faxed to: **315-786-2471**

This completed form may be mailed to:

Enrollment Services
Jefferson Community College
1220 Coffeen Street
Watertown, NY 13601

This completed form may be emailed to: **advising@sunyjefferson.edu**
Questions? Call 315-786-2437

Complete both sides of this form.
Incomplete forms may result in processing delays.

J _ _ _ _ _

Student Registration Form

Course Selections for term: _____

| CRN | Course | Days | Times |
|-----|--------|------|-------|
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Adjustments to a student's schedule, including withdrawals, may affect financial aid and/or billing. All unpaid financial obligations may be assigned to an external collection agency. Collection and related legal costs will be added to the amount of indebtedness and will be the responsibility of the student.

Advisor Signature: _____

Date: _____

Student Signature: _____

Date: _____

Incomplete registration forms may result in processing delays.

Census Data

Federal, state and local laws mandate that the information requested below be filled out completely to provide statistics for the federal and local agencies. These statistics impact college funding.

Military Affiliation

- ☐ Active-duty ☐ Dependent of Veteran
☐ Veteran ☐ Spouse of Veteran
☐ Spouse of active duty ☐ Reservist
☐ Dependent of active duty ☐ None

Plans for employment during the semester

- ☐ Not employed
☐ Employed full-time
☐ Employed part-time (20 hours or more)
☐ Employed part-time (less than 20 hours)

International Students

Visa Type _____

Country of Citizenship _____

Language you feel most comfortable with

- ☐ English
☐ Spanish
☐ Other

Disability

- ☐ (1) Learning Disability
☐ (2) Vision Impairment
☐ (2a) Vision Impairment- Legally Blind
☐ (3) Hearing Impairment
☐ (3a) Legally Deaf
☐ (4) Chronic Illness
☐ (5) Mobility Impairment- No Device Needed
☐ (5a) Mobility Impaired- Wheelchair Needed
☐ (5b) Mobility Impaired- Other Device Needed
☐ (7) ADD/ADHD
☐ (8) Mental Health Disabilities
☐ (9) Traumatic Brain Injury
☐ (10) Orthopedic
☐ (14) Autism Spectrum Disorder
☐ (16) Speech/Language Impairment
☐ (17) Alcohol/Substance Abuse
☐ (18) Temporary Disability
☐ (19) Non-TBI Head Injury
☐ Prefer Not to Answer

Primary Objective at JCC (choose one)

- ☐ Transfer to another SUNY college after earning a degree from JCC.
☐ Transfer to a non-SUNY college after earning a degree from JCC.
☐ Transfer to a SUNY college without earning a degree from JCC.
☐ Transfer to a non-SUNY college without earning a degree from JCC.
☐ Earn a degree/certificate from JCC and seek employment.
☐ Learn new skills or upgrade existing skills without earning a degree.
☐ Seek enrichment rather than pursue a degree/certificate from JCC.
☐ Obtain a Certification of General Education Development (GED)
☐ Uncertain
☐ Other: _____

First Generation College Student Survey

Did either of your parents graduate from a college or university with a bachelor's (4-year) degree?

- ☐ yes ☐ no

Did either of your parents graduate from a college or university with an associate's (2-year) degree?

- ☐ yes ☐ no

Perkins Grant Program Survey

New Students Only

To comply with reporting requirements under the Perkins grant program, the College requests you answer the following question. The information is confidential, for reporting numerical statistics only. The information is NOT used to determine eligibility for admission, enrollment or registration.

Are you unemployed or underemployed and experiencing difficulty in obtaining or upgrading employment?

- ☐ yes ☐ no

If yes, please indicate if either of the following items applies to you.

You have worked primarily without pay to care for a home and family and for that reason you have diminished marketable skills and you have been dependent on the income of another family member but are no longer supported by such income.

- ☐ yes ☐ no

You are a parent whose youngest dependent child will become eligible to receive assistance under Part A of Title V of the Social Security Act not later than two years after the date on which the parent applies for assistance under this Title.

- ☐ yes ☐ no