



Please print clearly or fill out on your computer

To reserve a seat, complete and return form by fax (585)753-3777, Mail: Attn. EMS Department, email Lauri at [LRuiz9@monroecc.edu](mailto:LRuiz9@monroecc.edu).

For more information, call (585)753-3716.

Name: \_\_\_\_\_

Previous Name (if applicable) \_\_\_\_\_

Have you attended MCC in the past?    Yes    No

MCC Student ID # or Soc. Sec. #: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

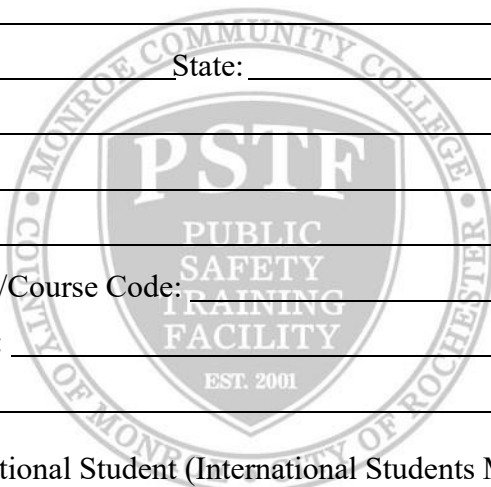
E-Mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Course Reference Number (CRN)/Course Code: \_\_\_\_\_

Agency Affiliation (if applicable): \_\_\_\_\_

Signature & Date: \_\_\_\_\_



American Citizen    International Student (International Students Must Submit MCC Long Form)

Are you Hispanic/Latino    Yes    No

If YES to Hispanic/Latino is your background (select one):

Central American    Dominican    Mexican    Puerto Rican    South American    Other Hispanic/Latino

What is your race (select one or more)

American Indian/Alaskan Native    Asian    Black or African American    Native Hawaiian/Pacific Islander  
White

Please Read: Tuition support from NYS/DOH can only be provided for active members of EMS agencies, which have a PCR agency code, and participate in the PCR system. Students who are not affiliated with an EMS agency by the start date of the class are NOT eligible for tuition support from NYS/DOH. State funding is contingent upon continued availability of funds.

Tuition support will only be provided for students who pass the State (re) certification exam when taken on the scheduled test date for the course, which he/she is registered. A student who fails or does not test on the original scheduled date will receive a tuition bill issued by the MCC Student's Account Office and is obligated to pay the tuition. A reimbursement from the Student Accounts Office will be issued when (re)certification is obtained within one year of the original test date.

Official Use Only

P CODE/Contract \_\_\_ Email Conf \_\_\_ Bb Login \_\_\_ HP \_\_\_ Bill/Schd \_\_\_ AFF \_\_\_ AGY

