



# Registration Form

Please fill in black ink only

SPRING 20\_\_     SUMMER 20\_\_     FALL 20\_\_     INTERSESSION 20\_\_

Student Identification Number or SSN										Gender	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>										<input type="checkbox"/> Male <input type="checkbox"/> Female	

Current Legal Name			Date of Birth		
<input type="text"/> Last	<input type="text"/> First	<input type="text"/> M.I.	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>

Previous Name (if applicable)			Current Program		
<input type="text"/> Last	<input type="text"/> First	<input type="text"/> M.I.	<input type="text"/>		

Local Residence (including Residence Halls at any College)					
<input type="text"/> Street		<input type="text"/> Building / Apt		<input type="text"/> County	
<input type="text"/> City	<input type="text"/> State	<input type="text"/> ZIP Code	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> Home Phone	<input type="text"/>

Permanent Address (must match FAFSA form) if different from residence address, or Foreign Address (International Students)					
<input type="text"/> Street		<input type="text"/> Building / Apt		<input type="text"/> County	
<input type="text"/> City	<input type="text"/> State	<input type="text"/> ZIP Code	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> Home Phone	<input type="text"/>
<input type="text"/> Province (non US only)	<input type="text"/> Postal Code (non US only)	<input type="text"/> Country (non US only)			

I acknowledge that my tuition will be paid by the tuition due date and that I am liable for any collection costs as a result of my failure to pay, including, without limitation, collection agency fees, court costs and attorney fees. If I decide to change my educational plans, I will notify the Office of Registration and Records in writing and realize that non-attendance in class will not relieve my financial responsibility.

<input type="text"/> Signature:	<input type="text"/> Date:
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Registration forms that are incomplete or incorrectly filled out may result in processing delays.

## The Schools @ MCC

The Schools @ MCC connect you to an academic home and the people who will support your personal success at the college. Your School is filled with inspiring faculty, helpful staff and other students who have similar interests.

When you're admitted to a program at MCC, you don't just join one of the top community colleges in the country – you also become a member of a School at MCC. That means you're automatically part of a connected community that wants to help you succeed as you move forward in your college career. Learn more about the Schools @ MCC now.

- ◆ The School of Applied Sciences & Technology
- ◆ The School of Arts & Humanities
- ◆ The School of Business & Entrepreneurial Studies
- ◆ The School of Community Engagement & Development
- ◆ The School of Health Sciences & Physical Wellness
- ◆ The School of Science, Technology, Engineering & Math (STEM)
- ◆ The School of Social Sciences and Global Studies

Office Use Only:

# Census Data

Federal, state and local laws mandate that the information requested below be filled out completely. The results of this survey help us understand our student body so that we can better meet student needs.

### Citizenship

- C U.S. citizen  
 P Resident alien (green card)  
 A Refugee/Asylum

### International Students

Visa Type \_\_\_\_\_

Country \_\_\_\_\_

### Language you feel most comfortable with

- English (422)  
 Spanish (478)  
 Other: \_\_\_\_\_

### Are you Hispanic/Latino?

Yes  No

### If you answered YES to Hispanic/Latino, is your background (select ONE)?

- C Central American  
 D Dominican  
 M Mexican  
 P Puerto Rican  
 S South American  
 O Other Hispanic/Latino

### What is your race (select one or more)?

- I American Indian/Alaska Native  
 A Asian  
 B Black or African American  
 P Native Hawaiian/other Pacific Islander  
 W White

### Marital Status

- S Single, divorced or widowed  
 M Married  
 P Separated  
 N Domestic partner

### Number of Dependent Children

\_\_\_\_\_ Children under 6 years old (include current pregnancy if applicable)  
 \_\_\_\_\_ Children 6 years and older

### Plans for employment during the semester

- A Not Employed  
 B Employed full time  
 C Employed part time (20 hours or more)  
 D Employed part time (less than 20 hours)

### Disability

- AA None  
 M1 Wheelchair  
 M2 Impaired mobility/Assistive device  
 M3 Impaired mobility/No assistive device  
 XO Other orthopedic impairment  
 V1 Blind  
 V2 Not blind but impaired vision  
 H1 Deaf  
 H2 Impaired hearing  
 LD Learning disability  
 XM Emotional disorder  
 XS Speech impairment  
 XB Acquired brain injury  
 XX Other health impairment  
 ZZ Prefer not to answer

### Primary objective at MCC (choose one)

- 1 Transfer to another college after earning an MCC degree/certificate  
 2 Transfer to another college without earning an MCC degree/certificate  
 3 Earn an MCC degree/certificate with plans for employment  
 4 Learn or upgrade job skills (not seeking a degree/certificate)  
 5 Personal enrichment, enjoyment (not for a degree/certificate or transferring)  
 6 Obtain a high school Equivalency Diploma  
 7 Uncertain

### Current Educational Level

- A Less than high school diploma  
 B GED  
 C Completed Home School Program  
 D High school diploma  
 E Attended college after high school  
 F Associate's degree  
 G Bachelor's degree  
 H Master's degree or higher

### Parents' Educational Level

- | Mother   | Father   |
|--|--|
| <input type="checkbox"/> Less than high school diploma | <input type="checkbox"/> Less than high school diploma |
| <input type="checkbox"/> HS diploma / GED              | <input type="checkbox"/> HS diploma / GED              |
| <input type="checkbox"/> Associate's degree            | <input type="checkbox"/> Associate's degree            |
| <input type="checkbox"/> Bachelor's degree or higher   | <input type="checkbox"/> Bachelor's degree or higher   |

# Class Selections

Student Name \_\_\_\_\_

Student Identification Number or SSN \_\_\_\_\_

Business Phone: _____	Cell Phone: (optional) _____
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E-mail Address: \_\_\_\_\_

### This form can be e-mailed to the Records and Registration Office at:

Registration@monroecc.edu  
 Or it can be mailed to: MCC Registration  
 1000 E Henrietta Rd  
 Rochester NY 14623

### COURSE SELECTIONS

CRN	Preferred Course <i>Example: XYZ 109-001</i>	CRN	Alternate Course <i>Example: XYZ 109-021</i>	Credits <i>Example: 3</i>

### IMPORTANT!

- If you plan to **AUDIT** a course, you need to turn in an MCC Audit Course form signed by your instructor before the end of the first week of classes.
- You may not register for more than 11 credit hours unless you have been approved for admission to a degree program (matriculated).
- Enrollment in courses not pertaining to the program in which you are matriculated may impact eligibility for financial aid at MCC