

Student ID:

J \_ \_ \_ \_ \_



Registration Term:

Spring 20\_\_  Summer 20\_\_  Fall 20\_\_  Winter 20\_\_

**Current Legal Name** **Date of Birth**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
Last First MI M Month Day Year

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

**Current Address**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
Street County

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
City State Zip Code Home Telephone Number

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
Cell Phone Number Business Telephone Number

**Home of Record (If military)**

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
Street County

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-  
City State Zip Code

**Citizenship** **Student Social Security Number**

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

**Hispanic Origin**

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

**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

This completed form may be faxed to: **315-786-2471**  
This completed form may be mailed to:  
**Advising, Career & Counseling Center**  
**Jefferson Community College**  
**1220 Coffeen Street**  
**Watertown, NY 13601**  
This completed form may be emailed to: **advising@sunyjefferson.edu**  
Questions? Call 315-786-2271

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

# Student Registration Form

**Course Selections for term:** \_\_\_\_\_

CRN	Course	Days	Times

**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
- Veteran
- Spouse of active duty
- Dependent of active duty
- Dependent of Veteran
- Spouse of Veteran
- Reservist
- 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

- None
- (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) Psychological Disabilities
- (9) Traumatic Brain Injury
- (10) Other Physical Impairment
- (14) Asperger's
- (15) Autistic
- (16) Speech/Language Impairment
- (17) Alcohol/Substance Abuse
- 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