



# Part-Time Application

For students **NOT seeking a degree** from SUNY Sullivan\*

\* **Exception:** SCCC students currently enrolled in a major and registering for summer or winter intercession classes.

*If you choose to take courses that will apply towards a SUNY Sullivan degree or certificate you must be officially admitted to the college. You'll need to complete the "Application for Admission" online or go to the Admissions Office (434-5750 Ext. 4287.)*

## **Directions:**

1. You must be a U.S. Citizen to use this form. If you are not, please use the SCCC application in the Admissions Office. Answer ALL questions on application - **Please PRINT**

2. **Bring, mail or fax application and payment.**

Mail to: Registration Services – SCCC,  
112 College Road, Loch Sheldrake, NY 12759-5151

FAX to: 1-845-434-4806      Phone: 1-845-434-5750 Ext. 4302

3. **Obtain a current New York Certificate of Residency** from your local county government office and mail it to "Student Billing" at the above address. Certificates must be received within 15 days of registration and are valid for one year. For example, if you submitted a certificate in September, you do not need another certificate to register for winter or spring classes. If no certificate is received, you'll be charged out-of-state tuition. Additional information on certificates is available on the web: <http://www.sunysullivan.edu/studentbilling/>

**Year: 2012 Term: Fall**

PRINT

Name: \_\_\_\_\_  
                    *First*                      *Middle Initial*                      *Last*

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

City: \_\_\_\_\_

State and ZIP \_\_\_\_\_  
County of \_\_\_\_\_  
Residence: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Business or \_\_\_\_\_  
Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_  
                    *\*(required for SLN courses)*

• Citizenship: United States of America \_\_\_\_\_ Yes

• Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

• Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

• Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

• Have you previously attended SCCC? \_\_\_\_ Yes \_\_\_\_ No

If yes,

- Student ID # \_\_\_\_\_

- If attended with a different name, provide

name: \_\_\_\_\_

- Indicate last semester attended: \_\_\_\_\_

- Identify major: \_\_\_\_\_

• Have you ever been convicted of a felony?

\_\_\_\_\_ No \_\_\_\_\_ Yes

• Ethnicity: Indicate your race (*check all that apply*)

☐ American Indian or Native Alaskan

☐ Asian

☐ Black or African American

☐ Native Hawaiian or other Pacific Islander

☐ White

Are you Hispanic/Latino? ☐ Yes ☐ No

If Hispanic/Latino, please indicate your  
background (select one):

☐ Central American

☐ Puerto Rican

☐ Dominican

☐ South American

☐ Mexican

☐ Other Hispanic/Latino

**Note:** New York State Law requires that all students taking six (6) or more credits who were born after January 1, 1957 provide proof of immunity to measles, mumps and rubella. For more information call Health Services at 1-845-434-5750 Ext. 4247.

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**Previous Education**

1. Name of high school you attended: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_  
 Year/month of high school graduation \_\_\_\_\_ **OR** GED completion date \_\_\_\_\_
2. Name of College(s) Previously Attended \_\_\_\_\_ Year(s) or Term(s) \_\_\_\_\_ Degree(s) Earned \_\_\_\_\_

**Education Objective - What is your primary educational objective at SCCC?** (Select one answer)

- ☐ 1. Transfer to another SUNY college after earning a degree/certificate at SCCC.  
☐ 2. Transfer to another college after earning a degree/certificate at SCCC.  
☐ 3. Not seeking a degree with plans of transferring to another SUNY college.  
☐ 4. Not seeking a degree with plans of transferring to another college.  
☐ 5. Earn a degree/certificate at SCCC with plans of employment.  
☐ 6. Enroll in coursework to learn or upgrade job skills (not seeking a degree or certificate).  
☐ 7. Enroll in coursework for personal enrichment, enjoyment (not seeking a degree or certificate).  
☐ 8. Enroll in coursework to obtain a High School General Equivalency Diploma (GED).  
☐ 9. Uncertain.

**Course Selection and Cost****Fall 2012 NY state resident with certificate of residency**

\*Total cost: 3 credits = **\$613** OR Online (SLN) course 3 credits = **\$552**  
 4 credits = **\$799** 4 credits = **\$736**

**Fall 2012 Out-of-state OR NY state resident without certificate of residency**

\*Total cost: 3 credits = **\$781** OR Online (SLN) course 3 credits = **\$720**  
 4 credits = **\$1023** 4 credits = **\$960**

**\*Additional course fees may apply based on course selection.**

<b>Course # &amp; Section</b> (e.g. ENG-1000-DL-2)	<b>Course Title</b> (e.g. English Composition)	<b>Credits</b> (e.g. 3 or 4)	<b>Fee per Course</b> <small>*Fees above subject to change</small>
____ - ____ - ____ - ____			
____ - ____ - ____ - ____			
____ - ____ - ____ - ____			
____ - ____ - ____ - ____			

**Payment and Signature**

**Total \$** \_\_\_\_\_

\_\_\_\_ Check or Money Order (Payable to "SCCC") \*Subject to availability of funds.

\_\_\_\_ Credit Card ☐ Discover Card ☐ Master Card ☐ Visa ☐ American Express

Print name as it appears on credit card: \_\_\_\_\_

*If credit card billing address is different than the student registering, please provide complete address:*

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Three digit code on back of credit card: \_\_\_\_

I certify that the information on this form is correct. False information or omission of data may result in cancellation or delay of my registration. I authorize fees and tuition listed above to be charged to my credit card.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_