



SUNY Erie Community College Part-Time Registration Form

Applicant Name

Last Name Suffix

First Name Middle Name

If you have academic records under another name, please indicate below:

Former Last Name Former First Name

Social Security Number*

Date of Birth / /

Month Day Year Male Female

Home Phone

Cell Phone

Email Address (Place each '.' in its own box)

@

Permanent Address

House or Building # Street Name Apartment Number

PO Box City State

Zip/Postal Code County

Province (if outside U.S.) Country (if outside U.S.)

Current Address

(If different) House or Building # Street Name Apartment Number

PO Box City State

Zip/Postal Code County

Province (if outside U.S.) Country (if outside U.S.)

To which address should correspondence be mailed? Permanent Address Current Address

Are you a resident of New York State? Yes No If yes, for how long? /

Years Months

Are you a resident of Erie County? Yes No If yes, for how long? /

Years Months

Are you a U.S. citizen? Yes No

If no, provide the following:

Country of Birth

Country of Citizenship

U.S. Entry Date: / /

Month Day Year

* Your Social Security Number is not required for acceptance to the college. However, submission of your Social Security Number is necessary in order to register for classes.

Please select one of the following: I am a Permanent Resident/Green Card Holder I am a Refugee/Asylee
 I am a Visa Holder Undocumented

If you are a Permanent Resident/Green Card Holder, provide your Alien Registration Number **A**

If you are a Refugee/Asylee, provide your I-94 Admission Number

If you are not a Permanent Resident, indicate your visa type. F-1 H-4 J-1 A-2 Other

Have you been dismissed or expelled from a college/university for disciplinary reasons? Yes No

An affirmative response to this question will not automatically prevent admission to the college, but applicants who indicate that they have been dismissed or expelled from another institution will be asked to provide additional information. Any falsification or omission of information may result in a denial of admission or dismissal from ECC.

Academic Plans

Select one: New Student Transferring from another institution Returning

Campus: City North South Online

Term: Fall _____ Winter Session _____ Spring _____ Summer Session I _____ Summer Session II _____
Year Year Year Year Year

Additional Information

Your responses to the following questions are voluntary. The following information will be kept confidential and will not be used in a discriminatory manner. The information collected below assists the college in receiving Federal, State, and grant aid. Failure to respond to these questions will not subject you to any adverse treatment.

Employment Status:

- Working full-time (E1)
- Working part-time & seeking full-time employment (E3)
- Unemployed & seeking employment (U1)
- Working part-time & not seeking full-time employment (E2)
- Unemployed & not seeking employment (E4)
- Underemployed & experiencing difficulty obtaining/upgrading employment (U2)

Military Information:

- Active Duty U.S. Military (AM)
- U.S. Veteran (VT)
- National Guard or Active Reserve (RS)
- Dependent of Active U.S. Military (DM)
- Dependent of a U.S. Veteran (DV)

Please check all that apply:

- Single Parent (head of household) (D1)
- Income below \$14,000 if single or \$19,000 if married (E5)
- First member of my family to attend college (G1)
- Social Service Recipient (SS)
- Foster Child/Ward of the Court (FW)
- Workforce Investment Act (U3)
- Dependent (DP)
- Displaced Homemaker (Divorced/Widowed with dependents) (D2)
- Adult Learner (C1)
- Receive PELL/TAP/APTS (A2)
- Receive TANF (TF)
- Limited English Proficiency (LE)
- Multilingual (BL)

Please indicate your ethnicity (check all that apply):

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

Please indicate your race (check all that apply):

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Unknown

Is English your primary language? Yes No

Please indicate your dominant language, if it is not English.

Bilingual services are provided to students whose dominant language is one other than English. Students seeking assistance are encouraged to contact the Bilingual Office, located at the City Campus at (716) 851-1079.

I hereby acknowledge by signing this document of application to Erie Community College, I will be held personally and legally responsible for any debts or liabilities incurred at the institution. Financial obligations may include all tuition liabilities, fees, books, child care, and other extraneous costs. If legal action must be taken for restitution, I will be responsible for all collection and legal costs.

Applicant Signature _____ Date _____

Course Selections				
Ex.	CALL #	CAT #	SECTION	SESSION (Spring, Summer I or II, Fall, Winter)
	123456	AA100	0B	Summer I
1.				
2.				
3.				
4.				
5.				
6.				