

Course Registration Form

You can register *by mail* between January 3 and May 17 for Summer Session I and between January 3 and July 5 for Summer Session II.

Complete the following:

- Course Registration Form Student Data Form Certificate of Residence (New York state residents only)

Please mail or fax completed forms to:

Cattaraugus County Campus: Jamestown Community College, Counseling & Career Planning Center,
260 N. Union St., PO Box 5901, Olean, NY 14760-5901
Fax: 716.376.7022

Jamestown Campus, North County Center, Warren Center: Jamestown Community College, Registrar's Office,
525 Falconer St., P.O. Box 20, Jamestown, NY 14702-0020
Fax: 716.338.1472

Do not send cash. Make check payable to Jamestown Community College. Payment in full must accompany forms.

SUMMER 2017 REGISTRATION FORM for part-time students only (1-11 credits)

Name _____ J-number or social security number _____

Complete registration form by providing information requested. Consult master schedule for course information. Example:

JM 3200 ENG 1540 3 Writing About Literature Higgins,G 1:15PM - 2:30PM ..T.R.. ARSC 227 LE

CMP	CRN	SBJ	CR HRS	COURSE FEE	COURSE TITLE

Tuition & Fees (subject to change)

Payment Process Please review registration and payment procedures outlined on page 3.	TUITION - \$193 x number of credits (NY resident with valid certificate of residence) \$386 x number of credits (NY resident without valid certificate of residence or out-of-state resident)	\$
	LAB FEES (see on-campus course listing)	
	TECHNOLOGY FEE (all students): \$8.50 per credit hour	
	LEARNING NETWORK FEE (all students): \$3.75 per credit hour	
	TOTAL AMOUNT ENCLOSED	

Student Data Form

Please PRINT clearly.

1. Social Security Number: - -
 2. Birth Date: / /
Month Day Year

3. Sex: Male Female

4. Are you a U.S. citizen? Yes No *If no, please attach copy of visa, green card, or other appropriate documentation to this form.*

5. Race classification: American Indian or Native Alaskan Asian Black or African American Native Hawaiian or other Pacific Islander White Unknown
 Are you Hispanic or Latino? Yes No *If yes, please indicate background:* Dominican Mexican Puerto Rican Central American
 South American Other Hispanic/Latino

6. Legal name: Last name
 First name
 Middle name

7. If you have ever used a different name, please provide it.
 { Last name
 First name

8. Permanent Address: Street
 P.O. Box
 City
 State Zip code +4 -
 Phone - -
Area code

9. Temporary Address: Street
 P.O. Box
 City
 State Zip code +4 - Last date temporary address can be used. / /
Area code Month Day Year

10. Emergency Contact: Full Name
 Phone - -
Area code

11. Choose the item that best describes your reason for taking classes at JCC (*please check only one*):
 Transfer to another SUNY college after earning a degree/certificate Learn new skills or upgrade existing skills without earning a degree/certificate
 Transfer to a non-SUNY college after earning a degree/certificate Seek enrichment rather than pursue a degree/certificate
 Transfer to a SUNY college without earning a degree/certificate Obtain a GED through the accumulation of college credits
 Transfer to a non-SUNY college without earning a degree/certificate Uncertain
 Earn a degree/certificate and seek employment rather than pursue further post-secondary education

12. Are you planning to complete your entire degree online? Yes No

13. Type of high school diploma you earned or will earn: Local Regents General Equivalency Diploma (GED) None
 Date you received or will receive high school diploma or GED: /
Month Year
 State in which high school diploma received: New York State Other

14. Highest degree earned:
 No Degree Associate in Applied Science Associate in Science Bachelor's Doctorate
 Associate in Arts Associate in Occupational Studies Certificate Program Master's Other degrees or informal courses

15. Optional (check all impairments that apply): Mobility impaired Emotionally impaired Hearing impaired Learning disabled Visually impaired Other

16. Optional
 Are you a single parent? Yes No
 Are you a displaced homemaker? Yes No
 Do you have a limited English language proficiency? Yes No

17. Email address to reach student regarding any questions on this form: _____

The college is periodically requested to provide names and addresses of students to outside organizations such as other colleges and employers.
 If you prefer that your name and address not be included, please notify the registrar's office.



Certificate of Residence *Do not fax this form!*

New York state residents: If you do not complete and return this form, you must pay out-of-state tuition.
If you are paying out-of-state tuition, you DO NOT have to complete this form.

OFFICE USE ONLY

County _____/_____
Town _____/_____
Months _____/_____
Semester _____

Please follow directions carefully:

- Provide all information requested. Form must be signed, notarized, and submitted to the JCC business office.
- Legal address should list street, road, or route number. RDs and box numbers are not sufficient.
- All Chautauqua County residents must provide township of residence.
- Name of property owner is required by your county treasurer.
- Students must account for at least one year of residency in New York state. Accounts that do not have this form on file will be assessed non-resident status.
- New York state law requires students to file a new certificate of residency every year.

For tuition purposes, New York residency means that you have lived in this state as a permanent resident for 12 months prior to the start of the semester. If you have not lived in New York state for 12 consecutive months, contact the business office as soon as possible. New York State Education Law 6305 requires JCC to have a current certificate of residence on record for your student account every academic year. **Please complete this form no earlier than 60 days prior to the start of the semester.** You can have your signature notarized at your campus business office in person with proof of identification.

If you live in Chautauqua County, Allegany County, or Cattaraugus County, complete the top portion of the form and return your notarized application to JCC, PO Box 20, Jamestown, NY 14702-0020. The college will have your certificate certified through the business office. **If you live in other counties in New York state**, access JCC's website, www.sunyjcc.edu, for instructions from your county treasurer's office. Forward the original certified affidavit issued to you from your county treasurer's office to JCC's business office. **The original signed form must be mailed to JCC.**

Thank you for completing the proof of residency requirement which may now make you eligible for the lower New York state resident tuition rate. Please contact the college business office if you have questions: Cattaraugus County Campus: 716.376.7504, Jamestown Campus: 716.338.1003, or North County Center: 716.363.6500.

CERTIFICATE OF RESIDENCE

Affidavit (or Affirmation) for Certificate of Residence Pursuant to Section 6305 of the Education Law in connection with attendance at a community college.

today's date _____ social security number _____ Citizenship: US _____ Other _____
month day year

student's name _____
last first initial

parent or guardian _____
last first initial

student's permanent legal address _____
street or road (include number) post office/city township
county state zipcode

name of property owner (REQUIRED)

student's home phone

student's cell phone

How long have you lived at the above address? ___ year(s), ___ months *If you have not lived at the above address stated on this form for one year, list previous address(es):*

street or road (include number) post office/city township

county state years / months name of property owner

street or road (include number) post office/city township

county state years / months name of property owner

I hereby certify the above address is my permanent legal address, and that I have been a resident of New York state for one (1) year and of the county named above for the last six (6) months preceding my enrollment at Jamestown Community College, Jamestown, NY.

student's signature _____

stamp of notary public: date _____ signature of notary public _____

DO NOT WRITE BELOW THIS LINE

This is to certify that _____ is presently residing in the City or Town (specify) of _____ and has resided in the State of New York for a period of at least one year and in the County of _____ for at least six months immediately preceding the date hereof.

dated at _____, New York this _____ day of _____ 20____

town or city clerk's signature _____