

# Course Registration Form

You can register *by mail* between January 4 and May 20 for Summer Session I and between January 4 and July 1 for Summer Session II.

Complete the following:

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

Mail 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 2016 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	LAB FEE or SLN COURSE FEE	COURSE TITLE

### Tuition & Fees (subject to change)

#### Payment Process

Please review registration and payment procedures outlined on page 3.

<b>TUITION-\$188 x number of credits (NY resident with valid certificate of residence)</b> <b>\$377 x number of credits (NY resident without valid certificate of residence or out-of-state resident)</b>	\$
<b>LAB FEES (see on-campus course listing)</b>	
<b>TECHNOLOGY FEE: \$8.25 per credit hour</b>	
<b>LEARNING NETWORK FEE: \$3.50 per credit hour</b>	
<b>TOTAL AMOUNT ENCLOSED</b>	

# Student Data Form Please PRINT clearly.

1. Social Security Number:    -   -       2. Birth Date:   /   /       3. Sex:  Male  Female  
Month Day Year

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.  
 Phone    -    -                 
Area code Month Day Year

10. Emergency Contact: Full Name                       
 Relationship (spouse, guardian, parent, brother, etc.)                       
 Phone    -    -      
Area code

11. Email address to reach student : \_\_\_\_\_

12. 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

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

14. 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

15. 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

16. Have you ever been convicted of a felony?  Yes  No *If yes, please contact admissions office.*

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

18. 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

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

**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.**

**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 the college 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, Cattaraugus County, and Erie 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](http://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.

OFFICE USE ONLY	
County	____/____
Town	____/____
Months	____/____
Semester	SUMMER 2016
Reg. #	____/____

## 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 \_\_\_\_\_  
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 student's home phone student's business phone

How long have you lived at the above address? \_\_\_\_\_ year(s), \_\_\_\_\_ months      Citizenship:  U.S.  other *If other, list visa type and attach copy.*

If you have not lived at the above address stated on this form for one year, list previous address(es):

\_\_\_\_\_ street or road post office/city township

\_\_\_\_\_ county state years / months name of property owner

\_\_\_\_\_ street or road 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

**To whom it may concern:**

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 \_\_\_\_\_