

Student Data Sheet

NEW Non-Matriculated Students Enrolling PART-TIME (less than 12 credits) , must complete this form.

Name: Last _____ First _____ MI ____ Other Last Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____ Work Phone (_____) _____

Social Security No. _____ Sex* Male Female

Date of Birth* _____ Other last name used on official records, if applicable: _____

Name of High School or State Issued GED: _____ Date of Graduation or GED: _____

College Attended: _____ Highest Degree Held: _____

2. Ethnic Origin/Race*

- American Indian or Alaskan Native
 Black, non-Hispanic Hispanic
 White, non-Hispanic Haitian
 Other Asian or Pacific Islander

RESIDENCY

Are you a United States Citizen?..... .. yes no

If no, are you a permanent resident of the US?..... .. yes no

Has NY State been your legal residence for the past year?... .. yes no

NY county of residence for the past 6 months: _____

State of residence if other than New York: _____

To prove residency at the time of registration: • Students who are New York residents for the last twelve (12) months **and** Rockland County residents for the last six (6) months must submit a photocopy of **documentation** (i.e. NYS driver's license, income tax return, utility bill, phone bill, or bank statement). • Students who are New York residents for the last twelve (12) months IN COUNTIES OTHER THAN ROCKLAND must submit a **Certificate of Residency**. Failure to present DATED documentation OR a certificate of Residency will result in a charge of **two times the regular tuition**.

FOREIGN STUDENT INFORMATION

Country of Citizenship: _____ Country of Birth: _____

Type of Visa or Status: _____

Have you ever been convicted of a felony?..... .. yes no

Have you ever been dismissed from a college for disciplinary reasons? yes no

I understand that I must file an Immunization Form/Response Form for Meningococcal Meningitis regardless of my age.

I also understand that if I was born on or after Jan. 1, 1957 and if I am enrolling in 6 or more credits I must provide proof of immunity against measles, mumps, and rubella. Failure to comply will result in withdrawal, without refund, from all classes.

I certify that all information submitted on this data sheet is true to the best of my knowledge. All deliberate falsification or omission of data may result in denial of registration or dismissal.

Signature _____ Date _____

*Please check categories that apply. Response is voluntary and information will be kept confidential. Refusal to provide this information will not be subject to any adverse treatment.