RCC | Rockland Community College
STATE UNIVERSITY OF NEW YORK

Advisement/Registration Form

Year _____ Semester: ❑ Fall ❑ Winter ❑ Spring ❑ Summer: I II III

ID# or SS# _____ Date _____

Last Name _____ First Name _____

Date of Birth *(for record matching purposes)* _____

1. Whether or not you attend classes, registration for classes obligates you to pay in full all tuition and fees unless you officially drop classes in accordance with the refund schedule published in the Schedule of Classes for that semester.
2. Some of your financial aid awards may be reduced or cancelled if: (1) You register for courses that have not been approved by your advisor and/or courses that are not applicable to your degree requirements or; (2) Change from full-time to part-time status.

Degree Sheet Used: Year _____ _____ **Degree** _____
Degree Audit Used: Yes ___ **No**_____ **Transcript Used: Yes** ____ **No** _____

ADVISOR COMMENTS AND COURSE RECOMMENDATIONS:

XACS Registration Clearance: _____Yes ____ No

Advisor Name (print) _____ Advisor Signature _____ Date ___/___/____

Dept.	Course #	Section #	Title	Credits	Days	Time

I have determined that the courses I am registering for are appropriate to my degree and/or interests and I accept financial responsibility for this registration.

Student Signature_____ Date _____