

ROCKLAND COMMUNITY COLLEGE  
**STUDENT DATA FORM** *Records & Registration*

Non-Matriculated students enrolling PART-TIME (*less than 12 credits*) must complete this form.

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Preferred Name \_\_\_\_\_ Former Last Name \_\_\_\_\_

Home/Street Address/Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Mobile # ( \_\_\_\_\_ ) \_\_\_\_\_ Work # ( \_\_\_\_\_ ) \_\_\_\_\_

SS # \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of Birth: Month \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

Gender: Woman \_\_\_\_ Man \_\_\_\_ Transgender \_\_\_\_ Other \_\_\_\_ Preferred Pronoun: She \_\_\_\_ He \_\_\_\_ Ze \_\_\_\_ None \_\_\_\_

Name of High School or State Issued HSE/GED: \_\_\_\_\_ Date of Graduation or HSE/GED: \_\_\_\_\_

College Attended: \_\_\_\_\_ Highest Degree Held: \_\_\_\_\_

If your ethnic origin is Hispanic/Latino, please *choose one* of the following to best describe your background:

Dominican  Mexican  Puerto Rican  Central American  South American  Cuban

Please indicate your race by selecting *one or more* from the following:  Asian  Black or African-American  White

American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander

Have either of your parents graduated from a four-year college or university?  Yes  No

**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 out-of-state tuition (double in-state tuition).

**FOREIGN STUDENT INFORMATION**

Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Type of Visa or Status:  F-1 (Student)  B-Visa  M-1 Visa  J-1 (Exchange)  Refugee

Other \_\_\_\_\_

**OTHER INFORMATION**

Have you ever been dismissed from a college for disciplinary reasons?  Yes  No

I understand that withholding information or giving false information may make me ineligible for admission to, or continuation at, the College. Therefore, by submitting this information, I certify that it is true, correct and complete. In addition, I understand that upon my enrollment I must abide by the policies and regulations of Rockland Community College.

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. Any deliberate falsification or omission of data may result in denial of registration or dismissal. **I understand that registering as a Non-Matriculated student prohibits me from being eligible for federal and state financial aid.**

Signature \_\_\_\_\_ Date \_\_\_\_\_