OCC Public Safety Training Center

Non-credit Registration Form

Please complete this registration form & return to address or fax # noted below. Please note class name & date you wish to register for.

√	Course Number	Course Name & Date	Credits/Hours
			0

Please Print Clearly

Legal Last Name: _____ **Legal First Name:** _____ **MI:** _____

Address: _____
Street **City** **Zip**

County of Residence: _____ **Length of Time in County:** _____

New York Resident: _____ **Yes** _____**No** **United States Citizen:** _____ **Yes** _____**No**

Home Phone: _____ **Cell/Work Phone:** _____

Agency: _____

SSN#_____ **OCC ID#**_____ **Date of Birth:** _____
(Required) ***(If known)*** ***(Required)***

Have your ever been registered at Onondaga Community College before? _____**Yes** _____**No**

If yes, name previously registered under: _____

Ethnic Group: ***(Circle one – optional)***
African American **Euro-Ethnic/White** **North American Indian/AK**
Asian/Pacific Island **Latino/Puerto Rican** **Other:** _____

Gender: _____**M** _____**F** **E-mail:** _____

ALL STUDENTS: Please read and sign the following statements:

By registering for classes at Onondaga Community College, I acknowledge and agree that I am at least 18 years of age or the parent/legal guardian of a student under the age of 18. I am financially responsible for all charges related to my registration.

I understand that if I decide not to attend the courses, which I am registering for, that it is my responsibility to drop the course(s) at least 3 days prior to the start date to avoid any financial liability. For OCC's complete Financial Responsibility Agreement go to sunyocc.edu and in the Community Ed section visit the Payment Info link in the right hand column.

I understand that I will be registered when Onondaga Community College receives my registration form and that I will not receive a registration confirmation.

I understand that I will not receive a certificate of completion until OCC receives my payment for this class.

Signature of Student: _____ **Date:** _____

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www.pstc.sunyocc.edu