OCC Public Safety Training Center

Credit and Non-credit Registration Form

Check (√) the box for the Special Program this registration application is for.

	Course Number	Course Name	Credits/Hours
	EMG-152	PSCIM (Meets Mon/Wed, 3/19, 3/21, 3/26, 3/28, 6-10pm) @ Mulroy Hall, Room TBA	1

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:** _____
(Circle one)

Agency: _____

SSN#_____ **OCC ID#**_____ **Date of Birth:** _____
(Optional) ***(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*:** _____
Registration Confirmation emailed prior to class start

ALL STUDENTS: Please read and sign the following statements:

I hereby apply for registration, and certify that all information I have given to be true and correct. I agree to obey all rules, regulations and requirements of Onondaga Community College.

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

****To avoid SUNY Tuition fee, Certificate of Residency MUST be provided on/before the first day of class for ALL Out-of-County residents****

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