

# REGISTRATION FORM

Complete all requested information, sign and mail to: Onondaga Community College, OCC @ Liverpool,|  
8015 Oswego Road, Liverpool, NY 13090-9915. Fax (315) 498-2400. Questions? (315) 498-6080.



Course Prefix & Number	Section #	Class Date(s)	Course Name

<b>For Office Use Only:</b> Initials _____ Date _____
--

Onondaga Community College ID #: (if known) \_\_\_\_\_

Legal Last Name: \_\_\_\_\_

Legal First Name: \_\_\_\_\_ Legal MI: \_\_\_\_\_

E-mail: \_\_\_\_\_  
(e-mail is the preferred and most efficient way for the College to contact students)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County of Residence: \_\_\_\_\_

U.S. Citizen:  YES  NO Have you ever been convicted of a felony:  YES  NO

Are you active military or veteran:  YES  NO Gender:  M  F

Home Telephone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mo/day/yr)

Have you registered at Onondaga Community College before?  YES  NO

Under another name? (print name here): \_\_\_\_\_

Ethnicity: (check one---optional)

- American Indian or Alaska Native  
  Asian  
  Black or African American  
  Hispanic of any race  
  White, Non-Hispanic  
 Native Hawaiian or Other Pacific Islander  
  Two or more races

**All students or guardians MUST read and sign statement below:**

**Financial Responsibility Agreement:**

- 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 by the drop date to avoid any financial liability.
- I understand that if full financial payment, or payment plan, has not been made by the drop date, a "hold" will be placed on my student record restricting me from obtaining official college records until the account is paid in full.
- I understand that if any portion of my account remains unpaid after 30 days I will be responsible for any late payment fees assessed to my account.
- I understand that if any portion of my account remains unpaid at the end of the term, my account will be forwarded to a collection agency within 60 – 90 days.
- I understand that if the college does use a collection agency or take legal action for any account balance due, I will be responsible for all charges owed which may include collection and/or litigation costs or attorney fees.

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

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(If student is under the age of 18)