

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

For Office Use Only: Initials _____ Date _____
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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)