



# OFFICE OF WORKFORCE DEVELOPMENT

## REGISTRATION FORM



Day email address \_\_\_\_\_

<input type="text"/> - <input type="text"/> - <input type="text"/>		OR	<input type="text"/>																										
Social Security Number			Five digit student #		Last Name (please print)																								
					First							Middle																	
					<input type="text"/>		<input type="text"/>					<input type="text"/>																	
STREET					CITY					COUNTY					STATE					ZIP + 4					DATE OF BIRTH				
<input type="text"/> - <input type="text"/> - <input type="text"/>					<input type="text"/> - <input type="text"/> - <input type="text"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No									
(AREA CODE) (HOME PHONE NUMBER)					(AREA CODE) (WORK PHONE NUMBER)					ARE YOU A VETERAN					MALE FEMALE					HAVE YOU ATTENDED MCC BEFORE?									
<input type="checkbox"/> Yes <input type="checkbox"/> No																													
USING A DIFFERENT NAME?					PRINT FORMER NAME										FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> YEAR 19/20 <input type="text"/>														
															WHEN DID YOU LAST ATTEND MCC														

The NYS Education Department and the United States Office of Education requires all colleges to report minority and handicapped student enrollments. The information collected will assist in meeting this requirement. Check the appropriate spaces as they apply to you.

### ETHNIC CODE INFORMATION

- |   |  |
|---|--|
| 1. <input type="checkbox"/> Black, not Hispanic origin    | 6. <input type="checkbox"/> Refuse to answer |
| 2. <input type="checkbox"/> American Indian or Alaskan    | 7. <input type="checkbox"/> Foreign Student  |
| 3. <input type="checkbox"/> Asian or Pacific Islander     | Visa type _____                              |
| 4. <input type="checkbox"/> Hispanic                      | Country _____                                |
| 5. <input type="checkbox"/> White, not of Hispanic origin |  |

### HANDICAPPED INFORMATION

- |   |  |
|---|--|
| <input type="checkbox"/> None   | F. <input type="checkbox"/> Totally Deaf         |
| A. <input type="checkbox"/> Confined to wheelchair                    | G. <input type="checkbox"/> Impaired hearing     |
| B. <input type="checkbox"/> Orthopedic difficulty assistive device    | H. <input type="checkbox"/> Learning difficulty  |
| C. <input type="checkbox"/> Orthopedic difficulty no assistive device | I. <input type="checkbox"/> Multiple handicapped |
| D. <input type="checkbox"/> Legally Blind                             | J. <input type="checkbox"/> Other                |
| E. <input type="checkbox"/> Impaired Vision                           |  |

ENTER  
COURSE  
INFORMATION  
HERE

Course Prefix, Number, Section (example YGR 001 010)	CEU's
WWIR 300 Solar Energy Installer Intro	1.6
\$1,695	

I acknowledge that my tuition will be paid by the tuition due date and further acknowledge that I am liable for any collection costs incurred by the College as a result of my failure to pay including, without limitation, collection agency fees, court costs and attorney's fees. If I decide to change my educational plans I will notify the Office of Registration and Records in writing and realize that non-attendance in class will not relieve me of my financial responsibility.

SIGNATURE

DATE

Mail Registration Form to:

Monroe Community College  
Office of Workforce Development  
1000 East Henrietta Road  
Rochester, NY 14623-5780