

# Registration Form

Term: \* Summer 2025

**Current Students:** If you are a current MCC student, please register through your [myMCC Account](#).

**Note:** All of the fields marked with an asterisk (\*) are **required**.

## Student Information

First Name: *	<input type="text" value="Emily"/>	Last Name: *	<input type="text" value="Fluckiger"/>
MCC Student ID #:	<input type="text"/>	Email: *	<input type="text" value="eaf6022@rit.edu"/>
Home Phone: *	<input type="text" value="(860) 996-0312"/>	Cell Phone: *	<input type="text" value="(860) 996-0312"/>
SSN: *	<input type="text" value="516-41-7956"/>	Date of Birth: *	<input type="text" value="05/17/2005"/>
Preferred Name:	<input type="text"/>	Gender: *	<input type="text" value="Woman"/> <input type="button" value="v"/>
Legal Sex: *	<input type="text" value="Female"/> <input type="button" value="v"/>	Citizenship: *	<input type="text" value="Citizen US"/> <input type="button" value="v"/>
Race: *	<input type="text" value="White, Not of Hispanic O"/> <input type="button" value="v"/>	Are you hispanic or latino? *	<input type="text" value="No"/> <input type="button" value="v"/>

Address: \*

City: \*  State: \*   Zip Code: \*

Program Name:  Major Name:

Were you a student at MCC before? \*

Degree Seeking? \*

Have you been convicted of a felony? \*

## Course Offering

[View a list of our different course offerings.](#)

[View distance learning and on-campus course format descriptions.](#)

Subject	Course	Section	CRN	Title
Subject #1 (Required)	Course #1 (Required)	Section #1 (Required)	CRN #1 (Required)	Title #1 (Required)
* <input type="text" value="MATH"/>	* <input type="text" value="MTH-211: Calculus II"/>	* <input type="text" value="501"/>	<input type="text" value="60106"/>	<input type="text" value="Calculus II"/>
Subject #2	Course #2	Section #2	CRN #2	Title #2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subject #3	Course #3	Section #3	CRN #3	Title #3
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subject #4	Course #4	Section #4	CRN #4	Title #4
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Subject #5	Course #5	Section #5	CRN #5	Title #5
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

# Transcript

In the case of a prerequisite override/transcript evaluation, please upload your transcript. SSR\_TSRPT.pdf

Do you have another transcript to upload? -- Choose --

## Student Financial Responsibility Statement

All students at Monroe Community College are required to affirm their understanding of financial obligation to pay all tuition, fees and other associated cost assessed as a result of registration. Please read the [Student Financial Responsibility Statement](#) and confirm your understanding by checking the box below.

\* ☒ I acknowledge having read the [Student Financial Responsibility Statement](#) and agree to financial responsibility.