



CollegeNow

# CONCURRENT ENROLLMENT COURSE REGISTRATION FORM

The State University of New York

CollegeNow | P.O. Box 139 | 170 North Street  
Dryden, NY 13053-0139  
Fax: 607.844.6535 | Phone: 607.844.8222, Ext. 4396

PLEASE PROVIDE ALL OF THE INFORMATION. PRINT CLEARLY.

High School (NOT BOCES program) \_\_\_\_\_ Anticipated Year of High School Graduation \_\_\_\_\_

Social Security Number \_\_\_\_\_ Semester (fall/spring/summer) \_\_\_\_\_ Year \_\_\_\_\_

Have you taken courses, including Concurrent Enrollment, through Tompkins Cortland Community College before? ☐ Yes ☐ No

Legal Name\* (Last, First, M.I.) \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_ Legal Gender \* ☐ Male ☐ Female ☐ X

Street Address/P.O. Box \_\_\_\_\_

City/State/Zip \_\_\_\_\_ County \_\_\_\_\_

Email Address \_\_\_\_\_

(Please note: Your email address will be used only to contact you with College information)

Phone Number \_\_\_\_\_

\*Once registered, students have the opportunity to declare preferred name, pronouns, and gender identity by emailing [collegenow@tompkinscortland.edu](mailto:collegenow@tompkinscortland.edu).

## Citizenship Information:

☐ U.S. Citizen

☐ Permanent Resident –  
Country of citizenship \_\_\_\_\_

☐ Not a U.S. Citizen –  
Country of citizenship \_\_\_\_\_

Visa Type \_\_\_\_\_

Are you Hispanic/Latino?

☐ Yes ☐ No

If yes, select one or more of the following:

☐ Central American

☐ Cuban

☐ Dominican

☐ Mexican

☐ Puerto Rican

☐ South American

☐ Other Hispanic/Latino

Please indicate your race

(select one or more):

☐ American Indian or Alaskan Native

☐ Asian

☐ Black/African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

Course Number/Title	Course Start Time	Office Use Code	School Number	Office Use Only	College Credit	Audit
Sample: ENGL 101 - Academic Writing II	10:57	D	15		X	
Sample: BUAD 201 - Business Law I	10:57	D	15			X
		D				
		D				
		D				
		D				

## College Credit Statement

I understand that I am registering for a college course for which TC3 rules and regulations will be in effect. My signature below certifies that I have chosen to enroll in one or more courses (as indicated above) for college credit.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
High School Instructor Signature

I give TC3 permission to release my grade(s) for the above course(s) to my high school: ☐ Yes ☐ No

## Audit Statement

My signature below certifies that I have chosen to audit one or more courses (as identified above). I understand that I will not receive college credit for any audited courses, nor will I be able to convert audit status to credit status at a later date.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
High School Instructor Signature