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Fall

Spring

Summer

Registration Form for Non-Matriculated Students

Information About You

1. Name _____
   Last   First   Middle Initial

2. Social Security Number __ __ __ - __ __ - __ __ __ __   3. Date of Birth _ _/_ _/_ _

4. Home Address _____
   Number   Street

   _____
   City   State   Zip Code

5. Local Address _____
   Number   Street

   _____
   City   State   Zip Code

6. Primary Phone #: _____ 7. Emergency Phone #: _____

8. E-Mail: _____

17. If you are a Clinton County resident, please give your Legislative
    District Code: *(see next page)*   ___ ___

18. Name of High School and State Located: _____

19. High School Graduation Code: *(see next page)*   _____

20. Year of High School Graduation or last year you attended: _____

9. Gender   ? F   ? M

10. State of Residency _____

11. If a NYS Resident, Official
    County of Residence:
    _____

12. Country of Citizenship:
    _____

13. Permanent Country of Residence:
    _____

14. Visa Code: *(if applicable)*
    ___

15. Military Service Code:
    (see next page)
    ___

16. Ethnicity:
    Hispanic Code *(select one, codes
    listed on next page)*   ___ ___
    Race *(check all that apply)*

    White

    Black/African American

    Asian

    Hawaiian/Pacific Islander

    American Indian/Alaskan

    Unknown

Course Information				Days the Course Meets						Course Time	
Initials	Number	Section	Sem. Hours	Mon	Tue	Wed	Thur	Fri	Sat	Begin	End
EMT Basic Training											
EMT	110	40C	6								

I am registering as a Non-Matriculated student, and affirm that I am not in pursuit of a degree or certificate at Clinton Community College at the time of this registration. I understand that as a Non-Matriculated student, I am not entitled to receive financial aid for the courses for which I register. I further understand that should I decide to matriculate for a later semester, I will be required to go through the college's admission process and that the grades and GPA (Grade Point Average) I earn as a Non-Matriculated student will factor into the determination of my eligibility for financial aid at the time of my matriculation.

_____
Your Signature   Date __ __ / __ __ / __ __   Revised 11/2021

15. Military Status:

Code

1	Active Military Duty
2	Dependent of Active Duty Military Personnel
3	Veteran
4	National Guard or Active Reserve
5	Other (Including Never Served)

16. Hispanic Codes:

Code

01	Non-Hispanic
02	Dominican
03	Mexican
04	Puerto Rican
05	Central American
06	South American
07	Other Hispanic/Latino
08	Unknown
09	Hispanic – Used When Hispanic Origin Cannot Be Determined

17. Legislative Districts:

Code	Area Covered
01	Champlain, Mooers, Rouses Point
02	Altona, Churubusco, Dannemora, Ellenburg, Lyon Mountain, Mooers Forks
03	Beekmantown, Chazy, West Chazy
04	North of Plattsburgh (Tom Miller/Wallace Hill Road areas), Cumberland Head, Point Au Roche
05	Morrisonville, Schuyler Falls
06	Black Brook, Cadyville, Dannemora, Redford, Saranac, Standish, West Plattsburgh
07	Ausable, Clintonville, Harkness, Keeseville, Peru, Valcour
08	Cliff Haven, Plattsburgh Air Base, South Plattsburgh, and the following City of Plattsburgh Polling Places: Lakeview Towers, John Collins Community Center, Government Center Meeting Room
09	City of Plattsburgh Polling Places: OLVA School, Broad Street School, Plattsburgh High School, Hudson Hall (Science Building)
10	City of Plattsburgh Polling Places: Beekman Street Methodist Church, Bailey Avenue School, Oak Street School, City Hall Rotunda

19. High School Graduation Codes:

Code

Y	Graduated or Will Graduate Before Enrolling
H	Home School Graduate
G	General Education Diploma
A	Still Attending High School
N	Never Graduated
U	Unknown High School Status