

STUDENT DATA FORM

Records & Registration

Non-Matriculated students enrolling PART-TIME (*less than 12 credits*) must complete this form.

First _____ Middle _____ Last _____

Preferred Name _____ Former Last Name _____

Home/Street Address/Apt # _____

City _____ State _____ Zip Code _____

Telephone: Home (_____) _____ Mobile # (_____) _____ Work # (_____) _____

SS # _____ E-Mail _____

Date of Birth: Month ____ Day ____ Year ____

Gender: Woman ____ Man ____ Transgender ____ Other ____ Preferred Pronoun: She ____ He ____ Ze ____ None ____

Name of High School or State Issued HSE/GED: _____ Date of Graduation or HSE/GED: _____

College Attended: _____ Highest Degree Held: _____

If your ethnic origin is Hispanic/Latino, please *choose one* of the following to best describe your background:

☐ Dominican ☐ Mexican ☐ Puerto Rican ☐ Central American ☐ South American ☐ Cuban

Please indicate your race by selecting **one or more** from the following: ☐ Asian ☐ Black or African-American ☐ White

☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

Have either of your parents graduated from a four-year college or university? ☐ Yes ☐ No

RESIDENCY

Are you a United States Citizen? ☐ Yes ☐ No

If no, are you a permanent resident of the US? ☐ Yes ☐ No

Has NY State been your legal residence for the past year? ☐ Yes ☐ No

NY county of residence for the past 6 months: _____

State of residence if other than New York: _____

To prove residency at the time of registration: • Students who are New York residents for the last twelve (12) months and Rockland County residents for the last six (6) months must submit a photocopy of documentation (i.e., NYS driver's license, income tax return, utility bill, phone bill, or bank statement). • Students who are New York residents for the last twelve (12) months **IN COUNTIES OTHER THAN ROCKLAND** must submit a Certificate of Residency. Failure to present DATED documentation OR a Certificate of Residency will result in a charge of out-of-state tuition (double in-state tuition).

FOREIGN STUDENT INFORMATION

Country of Citizenship: _____ Country of Birth: _____

Type of Visa or Status: ☐ F-1 (Student) ☐ B-Visa ☐ M-1 Visa ☐ J-1 (Exchange) ☐ Refugee

☐ Other _____

OTHER INFORMATION

Have you ever been dismissed from a college for disciplinary reasons? ☐ Yes ☐ No

I understand that withholding information or giving false information may make me ineligible for admission to, or continuation at, the College. Therefore, by submitting this information, I certify that it is true, correct and complete. In addition, I understand that upon my enrollment I must abide by the policies and regulations of Rockland Community College.

I understand that I must file an Immunization Form/Response Form for Meningococcal Meningitis regardless of my age. I also understand that if I was born on or after Jan. 1, 1957 and if I am enrolling in 6 or more credits I must provide proof of immunity against measles, mumps, and rubella. Failure to comply will result in withdrawal, without refund, from all classes. I certify that all information submitted on this data sheet is true to the best of my knowledge. Any deliberate falsification or omission of data may result in denial of registration or dismissal. **I understand that registering as a Non-Matriculated student prohibits me from being eligible for federal and state financial aid.**

Signature _____ Date _____