



**Center for Community Education and Training  
Continuing Education Registration Form  
Collaborative High School Students**

**Session:**  Fall 2010  Spring 2011

**\* All information fields must be filled and printed legibly**

To register for credit-bearing coursework, please fill out this form and fax to:

**FAX: 607-587-3295**  
Alfred State College  
Center for Community Education  
& Training  
Pioneer Center  
Alfred NY 14802  
(Phone: 607-587-4015)

Social Security No.- **required** \_\_\_\_\_

US Citizen: Yes  No  If no, home country: \_\_\_\_\_  
Visa type: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_

Gender: Male  Female

Address: \_\_\_\_\_  
Street City State/Zip

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Ethnic Origin: \_\_\_\_\_  
(White Non-Hispanic, Black Non-Hispanic, Hispanic, Asian, Pacific Islander, American Indian/ Native Alaskan, Non-Resident Alien)

Name of High School: \_\_\_\_\_

Signature of High School Guidance Counselor - **required**: \_\_\_\_\_

Are you an ex-offender? Yes  No  *Failure to answer or failure to answer correctly will cancel your registration.*

For Office Use Only - copied to Admissions:

Please check one\*: New Student  Returning/Readmit (Means a lapse in semester)

<b>Courses Requested</b>					
	<b>Course No.</b> <small>(Ex: HIST 1143)</small>	<b>Course Title</b> <small>(Ex: Survey of American History)</small>	<b>Day(s)</b>	<b>Time(s)</b>	<b>Reg. Date</b> <small>For Office Use Only</small>

Please process registration for the course(s) I have listed above. I understand that once I have registered, I am liable for any expenses associated with the course(s) listed.

Signature Required: \_\_\_\_\_

Date: \_\_\_\_\_