



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

Session: Fall 2018 Spring 2019

*** 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
 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:** _____

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

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

Parent Signature Required: _____ Date: _____

Please note: Approval for course registration through the Center for Community Education and Training does not guarantee acceptance into a degree-granting program.