

POLICE ACADEMY STUDENT REGISTRATION FORM

SPRING 20__ SEMESTER

Name _____ Student ID/SSN _____ Birth Date _____
 Maiden/Previous Name (if any) _____ Phone (home) _____ (work) _____
 Address _____ City _____ State _____ Zip _____
 Are you? ___ Male ___ Female ___ Veteran E-mail Address _____
 Are you a New York State Resident? ___ Yes ___ No
 Have you ever taken a course offered by SUNY Canton? ___ Yes ___ No If yes, year & semester _____
 Have you ever attended another college? ___ Yes ___ No If yes, what college? _____
 High School Attended _____ Year of high school graduation or GED awarded _____
 Have you ever been convicted of a felony? ___ No ___ Yes
 Have you ever been dismissed from college for disciplinary reasons? ___ No ___ Yes
 Do you wish to restrict the release of your address, phone number and other directory information?
 ___ Yes ___ No (See Student Handbook for description of directory information.)
 ___ Yes ___ No Are you a US Citizen? If no, please provide your address in your home country.

Ethnic Code ___Asian/Pacific Islander ___American Indian/Alaskan ___Black/Non-Hispanic ___Hispanic
 ___White/Non-Hispanic ___Non-Resident Alien ___Other (Ethnic information is optional)

Are you: ___A degree student completing course as part of an internship
 ___Auditing a course (Audit form attached)
 ___Part-time non-degree and Hired/Employed by an agency
 ___Part-time non-degree paying out of pocket
 ___Part-time non-degree paying out of pocket, Hired/Employed by an agency

CRN	COURSE NUMBER	SECTION NUMBER	COURSE TITLE	CREDIT HOURS

WHEN PAYING: Students will be considered officially registered upon receipt of tuition and fees payment.
Registration Certification: I certify that this form with my signature will constitute my registration at SUNY Canton for the above mentioned semester.

Signature _____
 Student ID/SSN _____ Date _____