

SUNY Adirondack Office of Records and Registration

ADDRESS: 640 Bay Road, Queensbury, NY 12804-1445 | CALL: 518.743.2279 | FAX: 518.832.7601 | EMAIL: registrar@sunyacc.edu

Returning Student Registration Form

Former matriculated students seeking to re-enter a degree program after being away from SUNY Adirondack for at least one semester should complete this form. Completed forms should be returned to the Student Success Center, advising@sunyacc.edu.

STUDENT INFORMATION:

Student Name (Please print): _____

Former Name (when last attending SUNY Adirondack): _____

Banner ID (if known): _____ Date of Birth: _____

Permanent Address (Street, City, State, Zip): _____

Cell Phone (including area code): _____

Email Address: _____

Do you plan to utilize any of the following aid options?

Financial Aid (PELL, TAP, Excelsior Loans, etc.). Military Benefits. Not applicable

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____

Relationship to Student: _____ Emergency Contact Phone Number: _____

EDUCATION INFORMATION *Note: to have prior credit evaluated for transfer, please send the Office of Registration and Records official transcripts from the college(s) you listed.*

Colleges Previously or Currently Attending: _____

Have you been dismissed and/or suspended from a college for disciplinary (non-academic) reasons? Yes No

DEGREE PROGRAM INFORMATION

What degree program are you seeking? _____

Semester you wish to return: Fall Spring Year: _____

Do you plan to study as a part-time or full-time student? Full-time Part-time

Do you plan to study primarily in Queensbury, Saratoga or Online? Queensbury Saratoga Online No preference

DECLARATION OF MAJOR OR MICROCREDENTIAL

- Current academic program information is available in the College Catalog (<http://catalog.sunyacc.edu/programs>).
- Microcredential information is available on the College website (<https://www.sunyacc.edu/academics/microcredentials>).

Primary Major: _____

Secondary Major: _____

Microcredential: _____

COURSE REGISTRATION INFORMATION

CRN	Subject and Course Number

Statement of Financial Responsibility and Registration Verification

By registering for classes at SUNY Adirondack, I acknowledge and agree that I am financially responsible for all charges related to my registration, books and housing.

I understand that if financial payment and/or arrangements have not been made by the due date, the College reserves the right to remove me as a student for non-payment, deny me access to my registered classes, and/or place a "hold" on my student records restricting me from registering and/or receiving my diploma until the account is paid in full. I am responsible for all late charges incurred.

Failure to attend classes does not absolve me from financial liability. In all cases it is my responsibility to drop classes by the published drop/add date(s) and I accept financial liability for these classes in accordance with the SUNY Adirondack Bill Adjustment/Liability Schedule. SUNY Adirondack may call (personally or automated) or text any phone number that I have provided to the College and leave a message regarding any outstanding account I have. I understand that, if the College texts me, I will be able to opt out. The College may use a collection agency or take legal action for any account balance due and I will be responsible for all charges owed which may include collection and/or litigation costs or attorney fees.

I understand that the College will (1) electronically post my 1098-T form (Tuition Statement) to my Banner account so I can download the form for tax purposes and (2) mail a paper copy of my 1098-T to my primary address on file. I understand that I am responsible for providing the College with updated contact information either through Banner or in person at the Registrar's Office in Warren Hall or at SUNY Adirondack Saratoga.

Federal and State Financial Aid Acknowledgement and Permission Statement: I understand that financial aid (state and federal) is only available to matriculated students. A matriculated student is a student who has been accepted to the College and is pursuing a SUNY Adirondack degree. If I am a matriculated student who is eligible for financial aid and my financial aid is reduced or canceled for any reason, I am responsible for all charges on my account. I give SUNY Adirondack permission to use any federal student aid (Pell Grant, SEOG, Direct Loan) to pay any current charges that I incur for educational related activities and any other charges (institutional and non-institutional) related to my attendance. I understand that at any time I may contact the Student Accounts (Bursar) Office to revoke this permission regarding the use of my federal student aid.

My signature below indicates that I agree with and/or acknowledge the statements above. I certify that the information provided on this registration form is correct and that I have read all instructions and statements on this form and understand the implications and requirements for registration at SUNY Adirondack. Acceptance and acknowledgement of this Financial Responsibility Agreement is required in order to process your course registration.

Student Signature: _____ **Date:** _____

STUDENT SUCCESS OFFICE USE ONLY

Academic Standing: Probation Dismissal Student notified Not applicable

Date/Time student can register: _____

FAFSA on file: Yes No Past Status: _____ Not applicable

Hold(s) and Date(s): _____ Amount of hold: _____ Student notified Not applicable

Prior Degree: Yes: _____ Complete 21 credit review Not applicable

Re-enrollment Date: _____ Student notified

Transfer Credit: The student has transfer credit that needs to be reevaluated Not applicable

Returning Student Packet sent: Yes No **Advisor Initials:** _____ **Date:** _____

REGISTRAR OFFICE USE ONLY Student ID Number: _____

Records updated: Student Status Major Catalog Year Academic Standing Override Transfer Credit Evaluation

Initials: _____ Date Processed: _____

Updated 4/21/23

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