

# ROCKLAND COMMUNITY COLLEGE REGISTRATION FORM



Year \_\_\_\_\_ Semester: Fall  Winter  Spring  Summer

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth (for record matching purposes) \_\_\_\_\_

Please present this form at the Records & Registration window or scan and email it with a copy of your photo ID to cfreg@sunyrockland.edu.

## Registration

CRN	Course Code: Dept-Code-Section	Course Title	Days	Time

*I have determined that the courses that I am registering for are appropriate to my program of study and/or interests and I accept financial responsibility for this registration.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

