

ROCKLAND COMMUNITY COLLEGE

ADVISEMENT/REGISTRATION FORM *Records & Registration*

Year _____ Semester: Fall Winter Spring Summer I Summer II Summer III

ID#orSSN _____ Date _____

Last Name _____ First Name _____

Date of Birth (for record matching purposes) _____

- Some of your financial aid awards may be reduced or canceled if (1) You register for courses that are not applicable to your degree requirements; or (2) You change from full-time to part-time status.
- Please present this form at the Records & Registration window or scan and email it with a copy of your photo ID to records@sunyrocland.edu.

Degree Sheet Used: Year _____ Degree _____

Degree Audit Used: _____ Yes _____ No Transcript Used: _____ Yes _____ No

ADVISOR COMMENTS AND COURSE RECOMMENDATIONS:

Advisor Name (print) _____ Advisor Signature _____ Date _____

CRN	Course Code: Dept-Code-Section	Course Title	Credits	Days	Time
<i>Example: 50270</i>	<i>ENG-10100-521</i>	<i>College Writing I</i>	<i>3</i>	<i>Online</i>	

Unless I drop/withdraw by the tuition refund dates listed on the Student Accounts website, I understand that upon my registration I have made a contractual financial obligation to pay all tuition and fees associated with my registered classes. "Not Attending" does not remove this obligation. I understand I will be fully responsible for all tuition and fee charges not covered by financial aid and am required to make payment arrangements to satisfy these charges. Failure to make payment arrangements may result in my class selections being administratively canceled. I understand and agree that RCC may assess financial penalties on any past due amount, that this amount may be referred to an outside collection agency, and that collection costs may be passed on to me resulting in additional charges that may approximate 25% of my outstanding principal debt.

Student Signature _____ Date _____