



Cross Registration Form

Cayuga Community College and Wells College

FAX, MAIL OR EMAIL TO: registrar@cayuga-cc.edu

AUBURN CAMPUS 197 Franklin Street Auburn, NY 13021 **Tel:** (315) 294-8516 **Fax:** (315) 255-9983

FULTON CAMPUS 11 River Glen Drive Fulton, NY 13069 **Tel:** (315) 593-9395 **Fax:** (315) 593-7014

Today's Date _____ Social Security Number _____ - _____ - _____

Last _____ First _____ MI _____

Date of Birth _____ Other Name(s) _____

Daytime Phone _____ Cell Phone _____

E-Mail Address _____

***** Once you are assigned a Cayuga Community College e-mail address, all e-mails will be sent to that address*****

Permanent Address (Must be a valid street address; no P.O. Boxes or temporary college addresses)

Number and Street _____ Apt. # _____

City _____ State _____ Zip Code _____ County _____

How long have you resided at this address? _____ Years _____ Months

Colleges and Universities Last Attended

Name _____ City _____ State _____ Dates Attended _____

Name _____ City _____ State _____ Dates Attended _____

High School (please use school's formal name)

Name _____ City _____ State _____ Date Graduated _____

INFORMATION IN THIS BOX IS OPTIONAL. It will be kept confidential and used only to help you use college services.

This information will not be used in a discriminatory manner, nor will you be penalized in any way if you choose not to respond.

GENDER (please check) Female Male

ARE YOU HISPANIC/LATINO? Yes No

If YES, check one: Central American Dominican Mexican Puerto Rican South American Other Hispanic/Latino

ARE YOU? Am. Indian/Alaskan Native Asian Black/African American Native Hawaiian/Other Pacific Islander White

Have You Ever Served In The U.S. Armed Forces (including Reserves or National Guard)? Yes No

If yes, **DO YOU PLAN TO SEEK V.A. EDUCATIONAL BENEFITS?** Yes No

Citizenship Status U.S. Dual U.S./Canadian Permanent Resident Refugee/Asylee Other

If not U.S., Country of Citizenship _____ Country of Birth _____ Visa Type _____

If you are **NOT** a U.S. citizen or permanent resident, please go to <http://www.cayuga-cc.edu/international>

Is English Your Primary Language? Yes No

PLEASE CHECK BOX IF YOU HAVE EVER:

Been dismissed from a college for disciplinary reasons? Yes No

COURSE SELECTION

If you are registering for a course with a prerequisite, please enclose documentation that you have fulfilled the prerequisite. Prerequisite information can be found in the on-line college catalog and the course schedule at www.cayuga-cc.edu. English and mathematics courses may require placement testing.

Year _____ FALL SPRING

COURSES

CRN	Dept.	Course #	Section #	Course Title	Credit Hours
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I Would Like Information About Disability Services Contact the Office of Accessibility Resources (OAR) at 315-294-8422 (Auburn) or 315-593-9327 (Fulton) http://www.cayuga-cc.edu/academics/accessibility_resources

- Students taking Cayuga Community College courses may be charged applicable course fees.
- Acceptance into the course depends upon fulfilling the course prerequisite and availability of space.
- Allowed only for courses which are not available at Wells and which Wells approves.
- Students may take no more than one (1) course per semester and no more than a total of four (4) courses during their undergraduate studies.
- Applies only to regular fall and spring semesters, not to summer session or intersession.
- Students needing an official transcript will need to order it through Credentials. <http://www.cayuga-cc.edu/students/services/registrar/transcript-requests/> Fees will apply.

*I certify that the information on this application is complete and accurate. I understand that this application cannot be processed if it has not been completed according to its instructions, and that any deliberate falsification or omission of data could result in denial of admission or dismissal from the college.**

Applicant Signature* _____ DATE _____

Wells Advisor Signature _____ DATE _____

Wells Registrar Signature _____ DATE _____