



STUDENT I.D. # _____ S.S.# _____ SEMESTER _____

Course Selection Form

PRINT NAME _____ MAJOR _____

PLEASE CHECK HERE IF YOUR ADDRESS HAS CHANGED (LAST) (FIRST) (M.I.)

PERMANENT HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

COUNTY _____ PHONE _____ EMAIL _____ DATE OF BIRTH ____ / ____ / ____

HAVE YOU PREVIOUSLY ATTENDED MVCC? ____ YES ____ NO IF YES, YEAR _____ FORMER NAME _____ SEX ____

IF YOU DESCRIBE YOURSELF AS A PERSON WITH A DISABILITY PLEASE CONTACT THE DISABILITY SERVICES OFFICE AT 792-5413

CRN	COURSE #	COURSE TITLE	CREDIT HOURS	COMMENTS	ETHNIC IDENTITY (PLEASE CHECK ALL THAT APPLY)
					<input type="checkbox"/> NON-HISPANIC <input type="checkbox"/> HISPANIC (CHECK ONE) IF HISPANIC, CHECK ONE: <input type="checkbox"/> DOMINICAN <input type="checkbox"/> PUERTO RICAN <input type="checkbox"/> MEXICAN <input type="checkbox"/> CENTRAL AMERICAN <input type="checkbox"/> SOUTH AMERICAN <input type="checkbox"/> OTHER HISPANIC / LATINO RACE (ALL STUDENTS CHECK ONE OR MORE) <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK / AFRICAN-AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> NATIVE HAWAIIAN / PACIFIC ISLANDER <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE PRIMARY EDUCATIONAL OBJECTIVE (CHECK ONE) <input type="checkbox"/> TRANSFER TO ANOTHER SUNY COLLEGE AFTER EARNING A DEGREE. <input type="checkbox"/> TRANSFER TO A NON-SUNY COLLEGE AFTER EARNING A DEGREE. <input type="checkbox"/> TRANSFER TO A SUNY COLLEGE WITHOUT EARNING A DEGREE. <input type="checkbox"/> TRANSFER TO A NON-SUNY COLLEGE WITHOUT EARNING A DEGREE. <input type="checkbox"/> EARN A DEGREE/CERTIFICATE AND SEEK EMPLOYMENT, RATHER THAN PURSUE FURTHER POST SECONDARY EDUCATION. <input type="checkbox"/> LEARN NEW SKILLS OR UPGRADE EXISTING SKILLS WITHOUT EARNING A DEGREE. <input type="checkbox"/> SEEK ENRICHMENT, RATHER THAN TO PURSUE A DEGREE / CERTIFICATE. <input type="checkbox"/> OBTAIN A CERTIFICATE OF GENERAL EDUCATION DEVELOPMENT (GED) THROUGH THE ACCUMALATION OF COLLEGE CREDITS. <input type="checkbox"/> UNCERTAIN, STUDENT HAS NOT YET DETERMINED HIS / HER GOAL AT THIS TIME.

PLEASE MAKE SURE YOU KNOW THE EFFECTS OF THESE COURSES ON YOUR PROGRAM AND FINANCIAL AID

STUDENT SIGNATURE _____ DATE _____

FACULTY SIGNATURE _____ DATE _____

DISCLOSURE OF SOCIAL SECURITY NUMBER IS VOLUNTARY AND IS USED FOR STUDENT IDENTIFICATION. AUTHORITY TO SOLICIT THE SOCIAL SECURITY NUMBER HAS BEEN ESTABLISHED UNDER SECTION 3545 OF THE EDUCATIONAL LAW OF THE STATE OF NEW YORK