Fall 2020 Advanced Studies Registration Form
Return this form in the provided envelope by October 1, 2020

REQUIRED INFORMATION:

GCC ID or SS #: ____________________________
SS# Required on initial registration by IRS for information reporting purposes

Birth Date (Month/Day/Year): ____________________________

HS Grad Date (Month/Year): ____________________________

Last Name: ___________________  First Name: _____________________  MI: ______

Address: _______________________________  City: ______________________

State: _______________________________  Zip: ______________________

County of Residence: ________________________________

Gender: □ Male  □ Female

High School: _______________________________  Student Email: ______________________

Parent Email: _______________________________

Parent /Home Phone #: _________________________ Is this a cell #? □ Yes  □ No

Are you a citizen of the United States? □ Yes □ No

If no, Country of Origin: ________________________________

GCC strives to maintain a diverse population of students. Your response to the following questions is voluntary and confidential. Self-disclosure of racial or ethnic information will not be used to evaluate your application. Refusal to provide such information will not subject the applicant to any adverse treatment.

Are you Hispanic/Latino? □ YES □ NO

If Hispanic/Latino, is your background (Select ONE): □ Central American
□ Dominican □ Mexican □ Puerto Rican □ South American □ Other Hispanic/Latino

Is your race (select as many as apply): □ American Indian/Alaskan Native □ Asian
□ Black or African American □ Native Hawaiian or Other Pacific Islander □ White
<table>
<thead>
<tr>
<th>Course Number</th>
<th>Credit Hours</th>
<th>Tuition Fee ($65/credit hour)*</th>
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Student Signature: ___________________________ Date: __________

Parent/Guardian: By signing below, I grant the student permission to enroll in the above course(s) and accept financial responsibility for the related tuition and fees. I understand that the student will not receive a GCC transcript or grades, nor will the student be allowed to register for other classes at GCC until the student’s account is paid in full. Should the student’s account lapse into delinquent status, I understand that all costs and expenses incurred by the college in the enforcement of collection of past due accounts, including, without limitations, attorney’s fees, shall become my responsibility and will be added to the amount due. I understand that tuition and fees are subject to change without notice and could affect the total amount due.*

Responsible Party’s Signature: ___________________________ Date: __________

PAYMENT INFORMATION:

Amount of Payment Included with Registration
I am making:  □ Full Payment of: $ _________ or
□ 50% payment of: $: _________ balance due November 15, 2020

Registrations are due on October 1, 2020

Payment Method:
□ Check (Check #:_______) □ Money Order
Include the student’s name on your check or Money Order and make payable to: Genesee Community College

□ Paid Online (Confirmation #:__________________)
To pay online visit: www.genesee.edu/ace/pay

Please Note: Your credit card payment will be processed immediately. Your payment confirmation number is REQUIRED in the space provided above. Your course registration will not be processed until GCC receives your completed registration form. If GCC does not receive a completed registration form within 7 days of your online payment, or by the OCTOBER 1, 2020 deadline (whichever comes first) we will refund your credit card and you WILL NOT be registered for courses.