

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

Course Number	Credit Hours	Tuition Fee (\$65/credit hour)*
	TOTAL:	TOTAL:

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.