

Part-Time Non-Matriculated Application and Course Selection Form

Registration: Non-matriculated students may enroll in SUNY Cobleskill courses as long as the course has seat availability and the student meets course pre-requisites. Priority is first given to current SUNY Cobleskill students. Applications will not be processed until the week before the semester starts. Students must also provide a copy of their driver's license.

- Non-matriculated or non-degree students are not formally enrolled in a degree program.
- Non-matriculated students may only enroll in up to 11 credit hours per semester.
- Non-matriculated students are NOT eligible for financial aid.
- Non-matriculated students may NOT accumulate more than 12 credit hours in non-matriculated status (advisement and permission is required for students approaching the 12 credit mark). Exceptions are only made for those students who do not intend on earning a degree at SUNY Cobleskill.
- Students must be at least 16 years old or have completed high school in order to enroll in courses at SUNY Cobleskill.

Print or type all information clearly. Please complete the course selection form on the reverse side of this application.

First Name	Middle Name	Last Name				
1a. Chosen First Name (Optional)	1b. Personal Pronouns (Optional)					
			Hers		Theirs	
Social Security Number	Date of Birth (Month/Day/Year	4. Legal Sex (F	, ,			
			!	Male	Female	
Semester you wish to enroll		Gender Des	ignation:			
Semester you wish to enroll(Spring, Sumr	Year)	Male _	Female	Non-Binary		
6. High School Name						
Currently enrolled in high school Ex	xpected date of graduation					
Graduated Year of graduation _		Withdrawn from	high school	GED		
Permanent (home) address. Include PO Box/Apartment number as appropriate.	Street					
\rightarrow \rightarrow \rightarrow	City/State/ZIP					
8. Home Phone 9. Cell phone (if different than home phone)						
()	()				
10. E-mail address:		11. Are you a	U.S. Citizen? _	Yes	No	
Are you a New York State resident? If your principal or permanent home has not be considered an out-of-State student for tuit other than New York State, you will be considered.	peen in New York State for a 12-mor ion purposes. Please note that if you					
13. County of Residence (NY State residents onl	y):					
Federal civil rights legislation and implemen College to submit counts of its student body cooperation is essential to the accurate reports.	White Asian Black or African American American Indian/Native Alaskan Hispanic/Latino Other (not listed above)					
15. Have you been dismissed and/or suspended	from a college for disciplinary reaso	ns?Ye	esNo)		
I understand that this application cannot be proce the best of my knowledge. Any deliberate falsifica					mitted is true to	
Signature (May not be signed electronically)	Date					

COURSE SELECTION FORM

Print all your selections in this section. Please include all course information. Be sure to include lab and testing sections.			This area is for use in your planning only.						
CRN	COURSE#	TITLE	CR	Hour	Monday	Tuesday	Wednesday	Thursday	Friday
				8					
				9					
				10					
				11					
				12					
				1					
				2					
				3					
				4					
				5					
				6					
				7					
				8					
				PRINT STUDENT NAME (LAST, FIRST): STUDENT ID #:					
				TOTAL CREDITS:					
ALTERNATE COURSE SELECTIONS									
				Comments:					