

# SUNY Morrisville Lifelong Learning Scheduling Form

PLEASE PRINT

Name: \_\_\_\_\_  Female \_\_\_\_\_  
           Last                      First                      Middle                      Social Security Number                       Male                      Date of Birth

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Ethnic Data (optional):    White    Black    Hispanic    Asian/Pacific Isle    Indian/Alaskan Native    Non-resident Alien

For those under 21 years of age – please PRINT the name and address of parent/guardian:

\_\_\_\_\_

\_\_\_\_\_

Please PRINT name and address of high school attended: \_\_\_\_\_

\_\_\_\_\_ Year graduated: \_\_\_\_\_ Or GED received: \_\_\_\_\_

Do you plan to earn a degree from Morrisville?    Yes    No

Major Name: \_\_\_\_\_ Major Code: \_\_\_\_\_ Expected Graduation Date (mo/yr): \_\_\_\_\_

Last Date attended SUNY Morrisville: \_\_\_\_\_

Other College(s) attended: \_\_\_\_\_

Have you ever been convicted of a felony   \_\_\_ Yes   \_\_\_ No

Have you ever been dismissed and/or suspended from a college for disciplinary reasons?   \_\_\_ Yes   \_\_\_ No

**Semester Class (es)**   **Fall 20**\_\_\_\_   **Spring 20**\_\_\_\_   **Summer 20**\_\_\_\_   **Winter 20**\_\_\_\_

Subject	Number	Section	Title	CRN	Credits
<i>Ex:ENGL</i>	<i>101</i>	<i>01</i>	<i>Language and Composition</i>	<i>12345</i>	<i>3</i>

I understand that all academic and financial responsibilities must be met by the beginning of this semester. I also understand that my signature is binding and I must make any changes using the proper procedures and forms of this institution. Failure to do so may result in academic and/or financial liability and/or penalty. ***My signature indicates that I have read, understand and agree to abide by the above terms.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**All students registered for 6 credit hours or more in classes physically located on the Morrisville or Norwich campuses or more **MUST** submit:**

**NEW YORK STATE LAW: MMR REQUIREMENTS** *Records may be located at your previous college, high school or family doctor's office.*

In accordance with NYS Law any student born after January 1, 1957, must provide proof of immunity to measles, mumps, and rubella, this requirement may be met by the following: proof of disease, immune titers, or two {2} measles, one {1} mumps, and one {1} rubella vaccine given after the student's first birthday).

**NEW YORK STATE LAW: MENINGITIS VACCINE** **The Center for Disease Control Advisory committee on Immunization Practices (ACIP) recently issued a new recommendation for college students registered for 6 credit hours or more:** Students, especially those living in residence halls, should consider vaccination to reduce their risk for MENINGOCOCCAL DISEASE. New York State Public Health Law 2167 requires:

- A response to receipt of meningococcal disease and vaccine information signed by the student or student's parent or guardian (if under the age of 18). **AND EITHER**
- A record of meningococcal meningitis immunization within the past 3-5 years; OR
- An acknowledgement of meningococcal disease risks and refusal of meningococcal meningitis immunization waiver signed by the student or student's parent or guardian (if under the age of 18).

**Non Compliance will result in dismissal from SUNY Morrisville**