

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 Morrisville State: _____

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 Morrisville State College