

Application For CERTIFICATE OF RESIDENCE

See Reverse side of this
Application for Directions

SECTION I - STUDENT COMPLETES

AFFIDAVIT FOR AFFIRMATION AND APPLICATION
FOR CERTIFICATION OF RESIDENCE
PURSUANT TO SECTIONS 6301 and 6305 OF THE EDUCATION LAW
IN CONNECTION WITH ATTENDANCE AT A COMMUNITY COLLEGE

Print Name _____ does hereby swear (or affirm)
that he/she resides at _____
in the City/Village/Town of _____
County of _____
State of New York that he/she now is, and has for a period of at least one year immediately
prior to the date of this affidavit (or affirmation) and application, been a resident of the State of
New York; that he/she now is or has been for a period of _____ months within the six
months immediately prior to the date of this affidavit (or affirmation) and application, been a
resident of the County of _____
and that he/she has lived at the following place(s) during the year immediately prior to the date
of this affidavit (or affirmation) and application.

Addresses	Dates
_____	_____
_____	_____

Applicant further states that he/she plans to enroll in Westchester Community College and
that this affidavit (or affirmation) and application is made for the purpose of securing from
the Chief Fiscal Officer of the County
of _____
a Certificate of Residence pursuant to the requirements of Article 126 of the Education Law.

_____ Social Security # _____ Signature of Applicant _____

NON-WESTCHESTER RESIDENTS

**need a Certificate of Residence from
their County—See reverse for details.**

Westchester Community College Center for the Arts/White Plains & Peekskill REGISTRATION APPLICATION

SUMMER 1 408
SUMMER 2 408

I Student Social Security Number † _____ **Sex** _____ **Date of Birth** _____

_____ M/F _____ Month _____ Day _____ Year _____ M.I. _____

II Last Name _____ **First Name** _____

Legal Address _____

City _____ **State** _____ **Zip Code** _____

Home Phone _____ **Business Phone** _____

Area Code _____ **Area Code** _____

Email _____

COUNTY OF PERMANENT RESIDENCE _____

How long have you lived in your county? Years _____ Months _____

How long have you lived in New York State? Years _____ Months _____

Check for new address

If education records are listed under
a different name indicate former name: _____
Last _____ First _____ M.I. _____

III PLEASE ANSWER QUESTIONS BELOW YES NO YES NO

1. Are you a U.S. Citizen? YES NO

2. If not a U.S. Citizen, do you have a permanent resident/refugee visa? YES NO
IF YES - date of issue _____

3. Do you have a temporary U.S. Visa? YES NO

4. If YES -- Type: _____
Expiration Date _____
Country of Citizenship _____

I. Have you previously applied to Westchester Community College? YES NO **2. Previously taken credit courses at, Westchester Community College?** YES NO
If YES, when? _____ YES NO YES NO

Course	Circle * Location	Day	Time	Faculty	Credits	Ref#	Fee
	W P						
	W P						
	W P						
	W P						
	W P						

Make checks payable to: Westchester Community College
Mail to: _____ **or:** _____
WCC Center for the Arts, White Plains Westchester County Center
196 Central Avenue White Plains, NY 10606
WCC Center for the Digital Arts, Peekskill
27 North Division Street Peekskill, NY 10566

* Please circle White Plains (W) or Peekskill (P) location
If you elect not to supply your Social Security Number,
the College will assign you a number.

STUDENTS MUST ALSO FILL OUT REVERSE SIDE OF APPLICATION

New Student Application (Non-refundable) Fee	\$25.00
Late Reg. Fee	\$ 5.00
Lab Fee	
Student Fee	\$ 5.75
Equipment Fee	\$ 25.00
Cultural Arts Fee	\$ 10.00
TOTAL	

V I. High School currently attending/last attended: Name _____ Address _____
 Did not Graduate Graduated: Month _____ Year _____ Will Graduate: Month _____ Year _____
2 If Not a High School Graduate-do you have an equivalency diploma? yes no

VI PROGRAM TO WHICH YOU ARE APPLYING - Please check (3) one of the following:

- | | |
|--|--|
| <p>A. A. DEGREE</p> <p>Liberal Arts
 <input type="checkbox"/> Communications and Media Arts 0150
 <input type="checkbox"/> Liberal Arts, Humanities 0100
 <input type="checkbox"/> Liberal Arts, Social Sciences 0110</p> <p>A. S. DEGREE</p> <p><input type="checkbox"/> Accounting 0250
 <input type="checkbox"/> Business Administration 0275
 <input type="checkbox"/> Computer Science 0221
 <input type="checkbox"/> Engineering Science 0220
 <input type="checkbox"/> Food Service Administration - Foods & Nutrition 0230
 <input type="checkbox"/> International Business 0260
 <input type="checkbox"/> Liberal Arts, Math/Science 0200</p> <p>CERTIFICATE PROGRAMS</p> <p><input type="checkbox"/> Applied Art 0515
 <input type="checkbox"/> Chemical Dependency Counseling 0534
 <input type="checkbox"/> Computer Art 0516
 <input type="checkbox"/> Computer Applications Specialist 0517
 <input type="checkbox"/> Direct Care Practice 0529
 <input type="checkbox"/> Drafting (Day only, limited enrollment) 0550
 <input type="checkbox"/> Early Childhood 0531
 <input type="checkbox"/> Emergency Medical Technician: Paramedic 0544
 <input type="checkbox"/> Financial Office Specialist 0505
 <input type="checkbox"/> Help Desk Support 0518
 <input type="checkbox"/> Medical Billing and Coding 0548
 <input type="checkbox"/> Office Technologies 0508
 <input type="checkbox"/> Paralegal 0509
 <input type="checkbox"/> Practical Nursing - Adult (March 30, deadline, Fall & Day only) 0545
 <input type="checkbox"/> Web Development for E-Commerce 0519</p> | <p>A. A. S. DEGREE</p> <p><input type="checkbox"/> Business Administration 0311
 <input type="checkbox"/> Chemical Dependency Counseling 0352
 <input type="checkbox"/> Computer Information Systems 0314
 Criminal Justice
 <input type="checkbox"/> Corrections 0342
 <input type="checkbox"/> Police 0340
 <input type="checkbox"/> Early Childhood 0351
 <input type="checkbox"/> Emergency Medical Technician: Paramedic 0295
 Engineering Technologies
 <input type="checkbox"/> Apprentice Training Automotive 0391
 <input type="checkbox"/> Civil Technology 0380
 <input type="checkbox"/> Electrical Technology 0385
 <input type="checkbox"/> Mechanical Technology 0390
 <input type="checkbox"/> Telecommunications Technology 0386
 <input type="checkbox"/> Food Service Administration - Dietetic Technician (Nutrition Care - Day only) 0334
 <input type="checkbox"/> Food Service Administration - Restaurant Management 0330
 <input type="checkbox"/> Human Services 0350
 <input type="checkbox"/> Legal Office Technologies 0309
 <input type="checkbox"/> Marketing 0320
 <input type="checkbox"/> Medical Laboratory Technology 0360
 <input type="checkbox"/> Nursing - (RN (March 30, Deadline, Fall & Day only) 0290
 <input type="checkbox"/> Office Technologies 0308
 <input type="checkbox"/> Paralegal 0316
 <input type="checkbox"/> Performing Arts (Dance, Drama, Music) 0356
 <input type="checkbox"/> Radiologic Technology (Fall & Day only, limited enrollment) 0370
 <input type="checkbox"/> Respiratory Care (Fall & Day only, limited enrollment) 0365
 <input type="checkbox"/> Retail Business Management 0325
 <input type="checkbox"/> Visual Arts 0336</p> <p><input type="checkbox"/> Not a Degree Candidate 0999
 (Non-matriculated. Not Eligible for Financial Aid)</p> |
|--|--|

1. List all other colleges attended (last first) since High School and ask each college to mail an OFFICIAL TRANSCRIPT to the Admissions Office.
 Westchester Community College, 75 Grasslands Road, Valhalla, NY 10595.

College	City	State	DATES ATTENDED		DEGREE RECEIVED	PLEASE GIVE COLLEGE CODE	(OFFICE USE ONLY)
			FROM mo. yr.	TO mo. yr.			
							Y N
							Y N
							Y N

2. Financial Aid Applicants must request an Official Financial Aid Transcript from the Financial Aid Office of each college previously attended whether or not they received aid at that school. Please forward to (Financial Aid Office-Westchester Community College, 75 Grasslands Road, Valhalla, NY 10595*

The Department of Health & Human Services Requires institutions of higher education to report student enrollment by ethnic status.

The information requested below will assist in meeting this requirement. Please check the appropriate box. (response is optional)

1. White, not of Hispanic origin 3. Hispanic 5. American Indian or Alaska Native
 2. Black, not of Hispanic origin 4. Asian or Pacific Islander 6. Non-Resident Alien

1. Are you a Veteran? yes no
 2. If you wish to identify yourself as physically handicapped, learning disabled, or a special student, please check here.
 3. If you wish to receive information about financial aid, please check here.

To High School-Please send my educational records to Westchester Community College.
 To Westchester Community College -The information on this application is true and accurate.

Signature: _____ Date _____

*Applicants should not wait for acceptance to the College before applying for financial aid.

Admission is based on the availability of space and qualifications of the applicant without regard to race, color, religion, sex, age, marital status, national origin or handicap.

Information collected in this application(Section 355[2] [1] Education Law) will be used by WCC to evaluate your request for admission.

Failure to provide information could prevent your application from being processed. Information will be maintained in the WCC Registrar's Office.

DIRECTIONS FOR COMPLETING APPLICATION FOR CERTIFICATE OF RESIDENCE

WESTCHESTER COUNTY RESIDENTS: If you have been a resident of Westchester County for the past 6 months & New York State for the past year, complete SECTION I on reverse, sign & return along with application & payment to Westchester Community College Center for the Arts.

NEW YORK CITY RESIDENTS: Phone the Office of the Comptroller, 212-669-2784 for further information on obtaining a Certificate of Residence or call Westchester Community College Center for the Arts. at 606-7500 for information.

OTHER NEW YORK STATE RESIDENTS: If you are a resident of a county in New York State other than Westchester, Complete SECTION I and get a certificate of residence from the Chief Fiscal Officer of the county in which you have lived for the past 6 months. Return your Certificate of residence along with your application and payment to Westchester Community College Center for the Arts.

THE CERTIFICATE OF RESIDENCE IS VALID FOR ONE YEAR FROM SEPTEMBER THROUGH AUGUST.

For Additional information: Phone 914-606-7500

IMPORTANT

The Certificate of Residence form must be received by Westchester Community College Center for the Arts with the registration in order to be valid

How did you hear of Westchester Community College Center for the Arts.

- Westchester Community College _____
 Advertisement _____ which paper ?
 Our brochure in a library _____ which one ?
 Press release _____ where ?
 Friend _____
 Other _____