SUNY Adirondack Office of Records and Registration

ADDRESS: 640 Bay Road, Queensbury, NY 12804 | PHONE: 518-743-2279 | FAX: 518-832-7601 | EMAIL: registrar@sunyacc.edu

Registration Form for Matriculated Students

Non-Matriculated and Cross Registration students must use Non-Matriculated Student Registration Form.

This form should be used for Accepted Student Day registration or when Self-Service Banner registration is not an option.

The Drop/Add Form should be used for subsequent changes after initial registration has been completed.

Semester:		ter:	Year:			
		Summer	Date:			
		Fall Winter	Student Name:			
		Spring	Banner ID:			
		t Information -		_		
Please select all that apply*:						
	I receive Financial Aid (PELL, TAP, Excelsior Loans, etc.). If you receive Financial Aid, you should check-in with a representative of their office prior to adjusting your Major, as it may have implications on the Aid you receive.					
	I receive Military Benefits. If you receive Military Benefits, you should check-in with the Veteran School Certifying					
	Official prior to adjusting your Major, as it may have implications on the Benefits you receive.					
	Not applicable					
	-		tion needs updating			
_ F	err	manent Address (S	reet, City, State, Zip):			
_	Cell	Phone (including a	rea code):			
	ma	ail Address:				
Н	ave	you been dismisse	d and/or suspended from a college for disciplinary (non-academic) reasons? Yes No			
Eme	erge	ency Contact Inforr	nation -			
E	Emergency Contact Name:					
F	≀ela	tionship to Studen	: Emergency Contact Phone Number:	Emergency Contact Phone Number:		
0	M۱	, maior informati	on needs updating			
	_	ation of Major or N	·			
	ogram information is available in the College Catalog; sunyacc.smartcatalogiq.com/en/25-26/	,				
		ollege-catalog/aca				
 Microcredential information is available on the College Website; sunyacc.edu/programs-courses/microcredential 						
F	rim	nary Major:				
5	Seco	ondary Major:				
Microcredential:						
_						
Cou	rse	Registration Infor	nation –			
CRN			Subject and Course Number (BIO103 for example)	Subject and Course Number (BIO103 for example)		
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Statement of Financial Responsibility and Registration Verification -

Picture ID attached if sent electronically through personal email

Student Signature:

By registering for classes at SUNY Adirondack, I acknowledge and agree that I am financially responsible for all charges related to my registration, books and housing.

I understand that if financial payment and/or arrangements have not been made by the due date, the College reserves the right to remove me as a student for non-payment, deny me access to my registered classes, and/or place a "hold" on my student records restricting me from registering, graduating, and/or obtaining a transcript until the account is paid in full. I am responsible for all late charges incurred.

Failure to attend classes does not absolve me from financial liability. In all cases it is my responsibility to drop classes by the published drop/add date(s) and I accept financial liability for these classes in accordance with the SUNY Adirondack Bill Adjustment/Liability Schedule. SUNY Adirondack may call (personally or automated) or text any phone number that I have provided to the College and leave a message regarding any outstanding account I have. I understand that, if the College texts me, I will be able to opt out. The College may use a collection agency or take legal action for any account balance due and I will be responsible for all charges owed which may include collection and/or litigation costs or attorney fees.

I understand that the College will (1) electronically post my 1098-T form (Tuition Statement) to my Banner account so I can download the form for tax purposes and (2) mail a paper copy of my 1098-T to my primary address on file. I understand that I am responsible for providing the College with updated contact information either through Banner or in person at the Registrar's Office in Warren Hall or at SUNY Adirondack Saratoga.

Federal and State Financial Aid Acknowledgement and Permission Statement (for Federal Financial aid recipients ONLY):

I understand that financial aid (state and federal) is only available to matriculated students. A matriculated student is a student who has been accepted to the College and is pursuing a SUNY Adirondack degree. If I am a matriculated student who is eligible for financial aid and my financial aid is reduced or canceled for any reason, I am responsible for all charges on my account. I give SUNY Adirondack permission to use any federal student aid (Pell Grant, SEOG, Direct Loan) to pay any current charges that I incur for educational related activities and any other charges (institutional and non-institutional) related to my attendance. I understand that at any time I may contact the Student Accounts (Bursar) Office to revoke this permission regarding the use of my federal student aid.

My signature below indicates that I am in agreement with and/or acknowledge the statements above. I certify that the information provided on this registration form is correct and that I have read all instructions and statements on this form and understand the implications and requirements for registration at SUNY Adirondack. Acceptance and acknowledgement of this Financial Responsibility Agreement is required in order to process your course registration.

Date:

Completed forms, prerequisite proof if necessary, and a copy of your ID should be emailed to advising@sunyacc.edu for review by and academic advisor. Forms will then be sent to the Registrar's Office for processing.						
STI	UDENT SUCCESS USE ONLY:					
	Inofficial transcripts must be attached for registration to be processed. Official edit.	transcripts and scores will be needed for transfer				
The student has completed the following previous degree(s) at SUNY Adirondack:						
	Complete 21 credit review if the student has a previous degree from SUNY Adirondack The student has not completed any prior degrees at SUNY Adirondack					
	The student has transfer credits that need to be evaluated.					
Stı	udent Success/Saratoga Staff Advisor Signature:	Date				
RE	GISTRARS OFFICE: Date Processed: Initials:					

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