



College Now Registration Form

* = required

** = provide if available to avoid record duplication

*** = required for all students enrolled in college courses

OSIS # *

Social Security # **

EMPLID (CUNYfirst ID) ***

First Name*

Last Name *

Middle Initial

Street Address*

Apt. #

City*

State*

ZIP Code*

Home Phone

E-mail Address

Cell Phone

Please print clearly, and check this address often, as application/ course info. will be sent here.

Date of Birth (MM/DD/YYYY*)

Gender

Female

Transgender

Male

Gender Nonconforming

Non-binary

Prefer not to indicate

Race/Ethnicity OPTIONAL

1. Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Select one or more races: <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native

High School Name*

Current Grade Level:

Sophomore

Junior

Senior