

Student Development
Return To:
JoAnne Casterlin
Student Development



Office Use Only
Re: _____
ID: _____
Ac: _____

Emergency Contact

Name: _____ **Date of Birth:** _____

Permanent Address: _____ **Local Address:** _____

Home Phone: _____ Local Phone: _____

Email: _____ Cell Phone: _____

Residence Hall Room Number: _____

In Case of an Emergency, Please Notify:

Name: _____ Relationship: _____

Home Phone: _____ Business Phone: _____

Address: _____

E-mail Address: _____ Cell Phone: _____

Pastor's Name: _____ Home Phone: _____

Church Name: _____ Church Phone: _____

Church Address: _____

For school closings or delays please visit the college website or call: 607.729.1581 ext. 250.

Class Schedule Information:

Please check all that apply:

- | | |
|---|---|
| _____ Classes Monday, Wednesday, Friday | _____ Full Time Student (12 credits +) |
| _____ Classes Tuesday, Thursday | _____ Part Time Student (6 – 11 credits) |
| _____ Classes Evening | _____ Less Than Part Time (5 credits or less) |