

COURSE SELECTION

Student Name _____ SS# _____

Academic Program _____ OCC ID # _____

Phone # _____ Date _____

Semester _____ Email _____

Educational Goal: _____ Advisor _____

Employed Yes No Hours per week _____ Transferred from _____

**** IMPORTANT ****

Completion of this form does not mean you are registered. To register you must use Web Access. If you need further assistance please see an Enrollment Associate at Student Central or call 315-498-2000.

Part A — Recommended Courses

Course Call Number(s)	Course & Section	Cr/Eq	Days	Times
2 - 6 - 4 - 4 - 9	(RDG 093 001)	0 / 3	M W F	10:10am - 11:05am

Part B — Recommended Alternates

Course Call Number(s)	Course & Section	Days	Times

I agree to this course selection and understand that I must now register for my classes

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

On the WEB:
<https://occweb.sunyocc.edu/OCC/webadvisor>