

IN-PERSON STUDENT REGISTRATION FORM

I.D.# (USED FOR IDENTIFICATION PURPOSES ONLY)

MAJOR

OFFICE USE ONLY

PLEASE PRINT CLEARLY

Recorded By _____ Date _____

CHECK TERM:

- FALL
 - WINTER
 - SPRING
 - SUMMER
- YEAR _____

CHECK IF ADDRESS CHANGED

Name _____
Last First Middle Initial

Address _____

City _____ State _____ Zip _____

Phone (____) _____ County _____

ALTERNATE CHOICES

COURSE CODE	SECTION NUMBER	COURSE DESIRED TITLE	CREDITS
TOTAL CREDITS			

COURSE CODE	SECTION NUMBER	COURSE DESIRED TITLE	CREDITS

Full-time students must have 12 or more credits or credit equivalents.

I accept responsibility for my course selection and other information provided on this form. I understand that academic counseling is available to help with course selection. I certify that I have met the prerequisites for the course for which I am registering. Further, I understand that it is my responsibility to pay my bill by the due date, to know the starting date of my classes and refund periods. I understand that it is my responsibility to read the Middlesex County College Catalog regarding College policies. **(Note: if you wish to register for a course on an audit (no credit, no grades) basis, place the letter X after the course code and section number.)**

Student's Signature _____ Date: _____

Advisor's Signature _____ Date: _____

WHITE - Enrollment Services CANARY - Student

R9/16 MPI-PDF040

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