REGISTRATION FORM

MxCC REV 12/21

MIDDLESEX COMMUNITY COLLEGE

STATE OF CONNECTICUT

STUDENT ID:				STATE OF CONNE		1			
STUDENT ID:		THIS REGISTR/	THIS REGISTRATION IS FOR:		SOCIAL SECURITY # (Do not include SSN if emailing or faxing form. If needed, we will contact you directly.)		OFFICE USE ONLY		
						DO NO	T WRITE IN THIS SPACE	<u> </u>	
@			YEAR			CPE	🗆 Employee	Waiver	
NAME: LAST FIRST MAIDEN NAME OR MIDDLE INITIAL						□ High School Partnership □ Non-Credit			
						🗆 Platt High Schoo	ol Seat 🛛 Senior Citi	zen	
ADDRESS (NO. AND STREET) PLEASE CHECK HERE IF CHANGE OF ADDRESS						Veteran: 🗌 31 🗌 33 🗌 1606 🗌 DD214			
						N/C 3 rd Party Fund	ling Source:		
CITY/TOWN		STATE	TATE ZIP CODE PHONE:						
				PHONE: CELL					
EMAIL ADDRESS	6	D PLEAS	PLEASE CHECK HERE IF CHANGE OF EMAIL ADDRESS			CREDIT CARD#			
DAT	TE OF BIRTH	GENDER	US VETERAN	STUDENT STATUS:		·			
			□ YES			EXPIRATION DATE &			
/	/	FEMALE	□ NO			CVV#			
SEMESTER	LAST ATTENDED:	FALL SPRING		SSION YEA	3	SIGNATURE			
CRN#	DEPT & COUR	SE #	COURSE TIT	LE	# OF CREDITS	TIME FROM – TO	DAYS (CIRCLE)	ROOM	
							MTWRFS		
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	-	equisites requ	ired for the above	course(s) by pre	esenting \Box ACT	 /AP/SAT Scores, P	M T W R F S M T W R F S	or	
The student Unofficial Please list C	l Transcript.		ired for the above		-		M T W R F S M T W R F S		
Unofficial Please list C	l Transcript. RNs:					Advisor	M T W R F S M T W R F S lacement Scores, o		
Unofficial Please list C <i>I understand</i> <i>to pay all tui</i>	I Transcript. RNs: that when I regis tion, fees, and oth	ter for any class	s at the Connecticut osts as a result of m	Community Colle	ges or receive a tion and/or rece	Advisor	M T W R F S M T W R F S lacement Scores, Initials:	oonsibility hat if I fail	
Unofficial Please list C <i>I understand</i> <i>to pay all tui</i> <i>to pay by the</i>	I Transcript. RNs: that when I regis tion, fees, and oth scheduled due do	ter for any class ner associated c ate and fail to n	s at the Connecticut osts as a result of m nake acceptable pay	Community Colle y course registrative ment arrangeme	ges or receive a tion and/or rece nts to bring my	Advisor Iny service from the CC Pript of services. I under account current, CCC	M T W R F S M T W R F S Iacement Scores, Initials: C's I accept full resp rstand and accept th s may refer my delin	ponsibility nat if I fail nquent	
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Unofficial Please list C <i>I understand</i> <i>to pay all tuit</i> <i>to pay by the</i> <i>account to a</i> <i>account bala</i> <i>the national</i>	Transcript. RNs: that when I regis tion, fees, and oth scheduled due do collection agency unce to a third par credit bureaus or ad agree to all tern	ter for any class ner associated c ate and fail to n and the Colleg ty for collection be subject to to ns and conditio	s at the Connecticut osts as a result of m nake acceptable pay e may no longer acc , a collection fee ma ux-offset. By my sigr ns outlined in the St	Community Colle by course registration of the course registration of the course registration of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the course of the	ges or receive a tion and/or reco nts to bring my nts. I further un d that my delin dge this staten t Agreement: <u>h</u>	Advisor my service from the CC eipt of services. I under account current, CCC derstand that if the CC	M T W R F S M T W R F S lacement Scores, Initials:	ponsibility hat if I fail nquent nt more of	
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