

REGISTRATION FORM

MxCC REV 12/21

MIDDLESEX COMMUNITY COLLEGE

STATE OF CONNECTICUT

STUDENT ID: @	THIS REGISTRATION IS FOR: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> INTERSESSION YEAR _____	SOCIAL SECURITY # <small>(Do not include SSN if emailing or faxing form. If needed, we will contact you directly.)</small>
NAME: LAST FIRST MAIDEN NAME OR MIDDLE INITIAL		
ADDRESS (NO. AND STREET) <input type="checkbox"/> PLEASE CHECK HERE IF CHANGE OF ADDRESS		
CITY/TOWN	STATE	ZIP CODE
		PHONE: HOME
		PHONE: CELL
EMAIL ADDRESS <input type="checkbox"/> PLEASE CHECK HERE IF CHANGE OF EMAIL ADDRESS		
DATE OF BIRTH / /	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	US VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO
STUDENT STATUS: <input type="checkbox"/> NEW <input type="checkbox"/> CONTINUING <input type="checkbox"/> READMIT		
SEMESTER LAST ATTENDED: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER <input type="checkbox"/> INTERSESSION YEAR _____		

OFFICE USE ONLY
DO NOT WRITE IN THIS SPACE

CPE Employee Waiver

High School Partnership Non-Credit

Platt High School Seat Senior Citizen

Veteran: 31 33 1606 DD214

N/C 3rd Party Funding Source: _____

CREDIT CARD#

EXPIRATION DATE & CVV# _____

SIGNATURE _____

CRN#	DEPT & COURSE #	COURSE TITLE	# OF CREDITS	TIME FROM – TO	DAYS (CIRCLE)	ROOM
				—	MTWRFSS	
				—	MTWRFSS	
				—	MTWRFSS	
				—	MTWRFSS	
				—	MTWRFSS	
				—	MTWRFSS	
				—	MTWRFSS	
				—	MTWRFSS	

The student meets the prerequisites required for the above course(s) by presenting ACT/AP/SAT Scores, Placement Scores, or Unofficial Transcript.

Please list CRNs: _____ Advisor Initials: _____

I understand that when I register for any class at the Connecticut Community Colleges or receive any service from the CCC's I accept full responsibility to pay all tuition, fees, and other associated costs as a result of my course registration and/or receipt of services. I understand and accept that if I fail to pay by the scheduled due date and fail to make acceptable payment arrangements to bring my account current, CCC's may refer my delinquent account to a collection agency and the College may no longer accept direct payments. I further understand that if the CCC's refers my student account balance to a third party for collection, a collection fee may be assessed and that my delinquent account may be reported to one or more of the national credit bureaus or be subject to tax-offset. By my signature I acknowledge this statement. By my signature I also acknowledge that I have read and agree to all terms and conditions outlined in the Student Enrollment Agreement: <https://www.ct.edu/admission/tuition>.

TODAY'S DATE	ADVISOR'S SIGNATURE	TOTAL CREDITS	STUDENT'S SIGNATURE
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