REGISTRATION FORM

Office of the Registrar • (860)738-6314 • Fax (860) 738-6413

Northwestern Connecticut Community College

Park Place East, Winsted, CT 06098

Semester Registering for: Fall 20____ Spring 20____ Summer 20_____

Student ID @_____ Soc. Security No. _____-_____-_____ Date of Birth_____

Name _____
Last *First* *Maiden / Middle Name*

Is this a new address: Yes ☐ ***No*** ☐

Mailing Address _____ Home phone _____
Number and street

_____ Work phone _____
City, state, zip

Email Address (*Required)*_____ Cell phone _____

Ethnicity: ____ Hispanic/Latino
____ Non-Hispanic/Latino
____ Choose Not to Respond

What is your race? Choose one or more:
_____ White (10)
_____ Black or African American (20)
_____ Asian (45)
_____ American Indian or Alaska Native (50)
_____ Native Hawaiian or Other Pacific Islander (80)
_____ Other (90)
_____ Choose Not to Respond (60)

Circle One: New Continuing Reentered
High School Graduation Year_____ or G.E.D. Year _____
Name of High School_____
Highest Degree Earned_____
College Attended_____

Gender: _____ Male _____ Female

Residency: _____ CT Resident _____ Out-of-State

Citizenship: _____ U.S. Citizen _____ Non-U.S. Citizen

CRN	Course Number	Course Title	Credits	Time From - To	Days M T W R F S	BLDG Rm #
					M T W R F S	
					M T W R F S	
					M T W R F S	
					M T W R F S	
					M T W R F S	
					M T W R F S	
					M T W R F S	
					M T W R F S	

Advisor's or Counselor's signature_____ **Date**_____

PAYMENT BY: ☐ Visa ☐ MasterCard ☐ Discover ☐ Debit Card ☐Cash ☐Check #_____
Card Number _____ Expiration Date _____ Amount $_____
Cardholder's Signature _____

Student Signature_____ **Date**_____

Registrar's Approval _____ Date _____ Waivers Applied_____ Total Credits ____