



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	Circle One: New _____ Continuing _____ Reentered _____ High School Graduation Year _____ or G.E.D. Year _____ Name of High School _____ Highest Degree Earned _____ College Attended _____
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)	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: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Debit Card <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____	
Card Number _____	Expiration Date _____ Amount \$ _____
Cardholder's Signature _____	3-digit Security Code _____ (on back of card)

Student Signature _____ Date _____

Registrar's Approval _____ Date _____ Waivers Applied _____ Total Credits _____