HOUSATONIC COMMUNITY COLLEGE

# WINTER 2011 REGISTRATION FORM

***All students must meet prerequisite requirements. If prerequisites were NOT taken at HCC then you must PROVIDE a transcript.***

Registration Options:

**IN-PERSON** - From November 1, 2011 through December 27, 2011, Registrar's Office 9:00 A.M. - 4:00 P.M.

**DROP OFF** - Form including payment information in drop box in HCC Lobby (11/1 -12/23)

**ON-LINE** - Go to myCommNet Link from www.hcc.commnet.edu 24/7 (11/1 - 12/26)

**FAX** - Form including payment information (NO CHECKS) to 203-332-5251 by 4:00 P.M. (11/1 - 12/23)

**MAIL** - Form including payment information (11/1 - 12/23)

HCC, Attn: Registrar's Office, 900 Lafayette Blvd, Bpt, CT 06604

***Admissions Application & $20.00 Fee***

***Are NOT Required for Registration***

| Banner ID | Todays Date | Social Security Number |
|---|---|---|
| @ | | |

| Last Name | First | Middle Initial |
|---|---|---|
| | | |

Address (Number & Street)

| City | State | Zip | Phone Number |
|---|---|---|---|
| | | | |

E-Mail Address:

| Date of Birth (MM-DD-YY) | Sex: M/F | Are you a U.S. Citizen?(Circle) 1. Yes 2. No | Are you a CT Resident? (Circle) 1. Yes 2. No | Race (Circle One) 10-White 20-Black or African American 45-Asian 50-American Indian or Alaskan 60-Choose not to respond 80-Native Hawaiian or Pacific Islander 90-Other |
|---|---|---|---|---|
| | | | | |

| Graduated High School (Circle) 1. Yes 2. No | GED Recipient (Circle) 1. Yes 2. No | Year of Graduation / GED ___ ___ ___ ___ | U. S. Vetteran (Circle) 1. Yes 2. No |
|---|---|---|---|
| | | | |

Have you ever attended Housatonic before?: 1. Yes 2. No — If yes, last year attended ___ ___ ___ ___

Have you previously attended any other college?: 1. Yes 2. No — If yes, name of college:

| CRN # | Subj | Crse | Cr | Course Title | Days (Circle) U=Sun. R=Thurs. | Time | Location Rm |
|---|---|---|---|---|---|---|---|
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## Payment Information

I will be making payment with:

☐ Financial Aid (check this box only if you have received a status letter approving your eligibility.)

☐ Check Check Number: _____ Amount Enclosed: $_____

☐ Credit Card (Circle one) Master Card Visa Discover Card $_____ Amount to be charged

**Note:** Failure to indicate amount to be charged will result in a charge equal to the minimum amount due.

Credit Card Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Exp. Date: ___ ___ / ___ ___ (M M Y Y)

PAYMENT IN FULL IS REQUIRED TO COMPLETE YOUR REGISTRATION. IF PAYMENT IS NOT MADE, YOUR REGISTRATION WIL BE ***CANCELLED.***

I hereby apply for the WINTER 2010 Session. The information submitted on this application is true and correct to the best of my knowledge.
I have read and agree to the terms and conditions of the tuition refund policy as stated in the class schedule. Your signature will indicate your full responsibility for accuracy of information.

Signature: Date:

***Students are ultimately responsible for course selection and meeting graduation requirements.***