

PLEASE PRINT

REGISTRATION FORM



Last Name _____ First _____ Middle _____ Former _____

Social Security Number _____

Number and Street _____

E-Mail Address _____

City _____ State _____ Zip _____ Phone _____

Term: Fall 20 ____ Spring 20 ____ Summer 20 ____

COURSE CODE NO.	COURSE TITLE	CR
COURSE APPROVAL		
COURSE APPROVAL		
COURSE APPROVAL		
COURSE APPROVAL		
COURSE APPROVAL		

OFFICE USE	
Advising and Testing Restriction	
Clear CT Restriction:	_____ (Advisor Signature)
Reactivated Restriction:	_____ (OAR Staff Initials)
Residency Status	
<input type="checkbox"/> Resident - District 527	_____ Voter Registration
___ Driver's License	_____ Public Utility Bill
___ Real Estate Lease	_____ Other: _____
___ State I.D.	
<input type="checkbox"/> Out-of-District	<input type="checkbox"/> Out-of-State
_____ (Date)	_____ (OAR Staff Initials)

I certify that the above information is correct and understand that falsification may result in dismissal from College.

TOTAL _____

Student Signature _____

Advisor Approval _____

WHITE — OAR YELLOW — STUDENT PINK — ACADEMIC ADVISING