Weekend College Credit Course Registration
Print clearly in ink. Register one person per form. Photocopy form as needed.

NEW STUDENTS MUST FILL OUT AN MCC APPLICATION FOR ADMISSION on Pages 15-17

Applicant’s Name (last) (first) (middle) Social Security # (for Student I.D.) Banner ID#

Home ___________________________________________ Business ______________________________________

Previous Name (if any) Telephone Number

Home Address (number and street, city/town, state, zip)

Email Address _____________________________________________ Date of Birth ____________________________

RESIDENT INFORMATION ARE YOU:  (Check applicable)
A CONNECTICUT RESIDENT FOR 1 YEAR?  □ YES  □ NO
A NEW ENGLAND REGIONAL PROGRAM APPLICANT?  □ YES  □ NO
ARE YOU:  (Check applicable) 01 □ AMERICAN  02 □ NATURALIZED  03 □ APPLIED FOR CITIZENSHIP  04 □ STUDENT VISA
                      05 □ NOT ON A STUDENT VISA - Other (Specify) _________________________________ COUNTRY OF ORIGIN ______________
                      06 □ PERMANENT RESIDENT (Registration Number) __________________________________

HOW DID YOU FIRST LEARN ABOUT THE COURSE(S) FOR WHICH YOU ARE REGISTERING?
1. □ Received catalog in the mail. 3. □ Read about it in the paper. 5. □ Someone told me about the course.
2. □ Called to request a catalog. 4. □ Picked up a catalog at ___________ 6. □ MCC website

CRN#  COURSE TITLE  DAY(S)/TIME  START DATE  # OF CREDITS

______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

I hereby authorize the use of my MasterCard □  VISA □

Credit Card # __________________________________________________________________________

Cardholder name (print) __________________________________________________________________

Cardholder signature ____________________________

Relationship to student __________________________

Cardholder address _____________________________

Cardholder phone _____________________________ Exp. date (mo/yr) ______

Total Fees: ____________  (include any applicable lab or studio fees)

New Student Application Fee: ____________  ($20 application fee must be paid by a separate check made out to "MCC")

Student Signature ____________________________ Date ____________________________

If enrolled, I pledge myself to comply, in good faith, with all the rules and regulations of the College. I realize that any misleading information given by me on this application may be cause for dismissal.

Office Use Only
Regis.  Special  Receipt #  Date