



# Registrar's Office Class Schedule Registration

Please complete this form, sign, date and submit request in person to Registrar's Office, SSC L157.

**NEW AND TRANSFER STUDENTS** must complete an application and go through the admission process prior to registering for courses. **CONTINUING STUDENTS** must complete the form below and meet with your program advisor. For up-to-date course availability, access the schedule online on myCommNet.

## STUDENT INFORMATION

First Name		MI	Last Name	
Birth Date (Month/Day/Year)			Banner ID Number	
Mailing Address		City		State Zip
Email Address	Home Phone Number		Work Phone Number	

**PLEASE LIST COURSES:** Note: It is the student's responsibility to know and follow course prerequisites and corequisites.

CRN	SUBJECT	TITLE	CREDITS	DAY(S)	TIME	PREREQS MET

**PLEASE LIST ALTERNATIVES:** Note: It is the student's responsibility to know and follow course prerequisites and corequisites.

CRN	SUBJECT	TITLE	CREDITS	DAY(S)	TIME	PREREQS MET

## REQUIRED SIGNATURES

Advisor Signature	Student Signature	Date
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**METHOD OF PAYMENT** Please indicate method of payment below. Make checks payable to MCC.

Payment Information (please check only one): <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Visa <input type="checkbox"/> Money Order <input type="checkbox"/> Cash (no cash by mail) <input type="checkbox"/> Check # _____		
Credit Card Number	CVC Code	Expiration Date
Signature of Cardholder		Date Signed
Address of Cardholder (if different from above)		