



MANCHESTER  
COMMUNITY  
COLLEGE

**Class Schedule Registration Form**  
Registrar's Office, MS #13, Great Path, P.O. Box 1046, Manchester, CT 06045-1046

**NEW & TRANSFER STUDENTS** must complete an application for admission and go through the admission process under "New & Transfer Student Admission" (see Class Schedule) prior to registering for courses. **CONTINUING STUDENTS** must complete the form below and follow procedures under "Registration for Continuing Students" (see Class Schedule).

BANNER ID NO.  
@

SOCIAL SECURITY NO. NAME (Last) (First) (M.I.)  
ADDRESS (No. and Street) (City or Town) (State) (Zip Code)  
EMAIL ADDRESS HOME TELEPHONE NO. WORK TELEPHONE NO. BIRTH DATE (Month, Day, Year)

LAST NAME:

**PLEASE LIST COURSES** *Note: It is the student's responsibility to know and follow course prerequisites and corequisites.*  
For up-to-date course availability, access the schedule online at <http://my.commnet.edu>

CRN	SUBJECT	TITLE	CREDITS	DAY(S)	TIME	MET PREREQUISITES

FIRST:

**PLEASE LIST ALTERNATES** *Note: It is the student's responsibility to know and follow course prerequisites and corequisites.*  
For up-to-date course availability, access the schedule online at <http://my.commnet.edu>

CRN	SUBJECT	TITLE	CREDITS	DAY(S)	TIME	MET PREREQUISITES

ADVISOR'S SIGNATURE STUDENT'S SIGNATURE DATE

**PAYMENT INFORMATION** Please indicate method of payment below. See "Tuition, Fees & Refunds" on pages 11-14 for costs.

Check number \_\_\_\_\_ Please make checks payable to MANCHESTER COMMUNITY COLLEGE (MCC).  
 Cash (no cash by mail)  Discover Card  MasterCard  Visa  Money Order

**CREDIT CARD INFORMATION** *Please print clearly.*

Credit Card Number \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Amount Authorized: \_\_\_\_\_  
Signature of Cardholder \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Name & Address of Cardholder (if different from above) \_\_\_\_\_

MIDDLE INITIAL: