

All students must meet course prerequisite requirements. If prerequisites were **NOT** taken at CT State, you must provide a transcript (official or unofficial) at the time of registration.

Student Information:

Student ID: @ _____ Phone Number: _____

Name (Last, First, Middle) _____

Year: _____ Semester: ☐ Fall ☐ Spring ☐ Summer ☐ Winter

Financial Aid Recipient

☐ Yes ☐ No

Veteran Benefit Recipient

☐ Yes ☐ No

Your financial aid and/or Veterans' benefits may be affected by these adjustments to your schedule. Please make an appointment with your Financial Aid Specialist or Veterans Certifying Official prior to submitting this form.

Added Courses:	CRN	SUBJ & Course #	Course Title	Credits	Days	Time
sample:	12773	ART 1110	Drawing 1	3	T, R	5:30 - 8:10

Dropped Courses:	CRN	SUBJ & Course #	Course Title	Credits	Days	Time
sample:	16131	CHEM 1110	Concepts of Chemistry	3	M, W	12:30 - 3:10

Advisor Signature (optional):

Student Enrollment Agreement: I understand that when I register for any class at CT State Community College or receive any service from the CT State, I accept full responsibility to pay all tuition, fees, and other associated costs as a result of my course registration and/or receipt of services. I understand and accept that if I fail to pay by the scheduled due date and fail to make acceptable payment arrangements to bring my account current, CCC's may refer my delinquent account to a collection agency and the College may no longer accept direct payments. I further understand that if the CCC's refers my student account balance to a third party for collection, a collection fee may be assessed and that my delinquent account may be reported to one or more of the national credit bureaus or be subject to tax-offset. By my signature I acknowledge this statement. By my signature I also acknowledge that I have read and agree to all terms and conditions outlined in the Student Enrollment Agreement: [Student Enrollment Agreement-Statement of Obligation \(ctstate.edu\)](http://ctstate.edu).

Certification: By signing the below, I affirm that I am the above-named person, and that the information presented above is true and accurate.

Student Signature: _____ Date: _____

For Office Use Only:

Date Received: _____

Date Entered: _____

Entered By: _____

original
03222023 rev
06072024,
09112024

Check here for special population:

- ☐ HS Partnership/Dual Enrollment
☐ CCP/Concurrent Enrollment
☐ Senior Waiver
☐ Other: _____