

Student ID: @

**Entered By/Campus:** 

## **Course Registration**

Term/POT:

Registration deadline is **one business day prior to the start of class**. Completion of any program does not guarantee employment. All students must meet course prerequisite requirements. If prerequisites were NOT taken at CT State or a legacy campus, you must provide a transcript (official or unofficial) at the time of registration.

Campus Location	on:						
Student Legal Name:			Middle		Last		
Street:			Town		State	Zip Code	
Telephone:			E-mail Address:				
Date of Birth: _	mm/dd/yyyy	5	Social Security #:				
		e or a former Connecticut comn	nunity college?Yes _	No HS Dip	oloma or GED:	_YesNo	
Gender: Ma	aleFemaleO	ther U.S. Citizen:	_Yes No Ve	eteran:Yes	.No		
Ethnicity: — H	lispanic/Latine — No	n-Hispanic/Non-Latine —— De	ecline to State				
		American — American India or Other Pacific Islander — C		te			
How did hear al	bout this program?	WebsiteFamily/Friend	Facebook/Socia	l MediaO	ther		
CRN	Subject and Course #	Course Title	Dates (To and From)	Days	Time	Cost	
					Total Payment:		
*Payments can be made at the Bursar's office or submitted through your myCTState account by selecting Account Summary and logging in with your student NetID number. A full refund for non-credit programs will only be considered when a student drops a class up to one business day prior to the first scheduled meeting. No refunds or credit towards another program will be considered after the first class has begun.  *Acknowledgment Statement:  I understand that when I register for any class at CT State Community College or receive any service from 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, CT State Community College may refer my delinquent account to a collection agency and the college may no longer accept direct payments. I further understand that if CT State Community College refers my student account balance to a third party for							
collection, a collect By my signature, I Enrollment Agreen	cion fee may be assessed an acknowledge this statemen nent: https://bit.ly/se-agreen	nd that my delinquent account may b nt. By my signature, I also acknowle	pe reported to one or more of dge that I have read and ag	of the national credit I ree to all terms and o	bureaus or be subjec	t to tax offset.	
Student Signature:				Date:	nte: mm/dd/yyyy		
		For Office	e Use Only				