



Spring 2020 REGISTRATION FORM

*All Students **MUST** meet Prerequisite & Immunization Requirements*

*If prerequisites were **NOT** taken at HCC then you must **PROVIDE** a transcript*

Fax: (203) 332-5251
 Mail: HCC
 Registrar's Office
 900 Lafayette Blvd
 Bridgeport, CT 06604

Admissions Application

IS Required before Registration

| | | |
|---|---|---|
| Banner ID | Todays Date | Social Security Number |
| @ <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |

| | | | | | | | | | |
|---------------------------|--|--|-------|-------|--------------|--------------------------|--|----------------|--|
| Last Name | | | | First | | | | Middle Initial | |
| Address (Number & Street) | | | | | | | | | |
| City | | | State | Zip | Phone Number | | | | |
| Email Address | | | | | | Date of Birth (MM-DD-YY) | | Gender: M/F | |

| CRN # | Subj | Crse | Cr | Course Title | Days (Circle) U=Sun. R=Thurs. | Time | Room |
|---|---|---|---|--|----------------------------------|------|------|
| <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 250px; height: 20px;" type="text"/> | U M T W R F S | | |
| <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 250px; height: 20px;" type="text"/> | U M T W R F S | | |
| <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 250px; height: 20px;" type="text"/> | U M T W R F S | | |
| <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 250px; height: 20px;" type="text"/> | U M T W R F S | | |
| <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 250px; height: 20px;" type="text"/> | U M T W R F S | | |
| <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 20px; height: 20px;" type="text"/> | <input style="width: 250px; height: 20px;" type="text"/> | U M T W R F S | | |

Payment Information

I will be making payment with: (Circle Option)

1. Financial Aid (Circle only if you have received a status letter approving your eligibility)
2. Check Check Number: _____ Amount Enclosed: \$ _____
3. Credit Card (Circle One) Visa Master Card Discover \$ _____ Amount to be Charged
Note: Failure to indicate amount to be charged will result in a charge equal to the minimum amount due.

Credit Card Number: _____ Exp. Date: ____ / ____
MM YY

PAYMENT IN FULL IS REQUIRED TO COMPLETE YOUR REGISTRATION. IF PAYMENT IS NOT MADE, YOUR REGISTRATION WILL NOT BE VALID.

I hereby apply for the **SPRING 2020** Session. The information submitted on this application is true and correct to the best of my knowledge. I have read and agree to the terms and conditions of the tuition refund policy as stated on the schools website. Your signature will indicate your full responsibility for accuracy of information.

Signature: _____ Date: _____

Students are ultimately responsible for course selection and meeting graduation requirements.