



HOUSATONIC COMMUNITY COLLEGE

Winter 2019 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	Today's Date	Social Security Number
@		
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
					U M T W R F S		
					U M T W R F S		
					U M T W R F S		
					U M T W R F S		
					U M T W R F S		
					U M T W R F S		

Payment Information	
<p>I will be making payment with: (Circle Option)</p> <p>1. Financial Aid (Circle only if you have received a status letter approving your eligibility)</p> <p>2. Check Check Number: _____ Amount Enclosed: \$ _____</p> <p>3. Credit Card (Circle One) Visa Master Card Discover \$ _____ Amount to be Charged <small>Note: Failure to indicate amount to be charged will result in a charge equal to the minimum amount due.</small></p> <p>Credit Card Number: _____ Exp. Date: ____ / ____ M M Y Y</p> <p style="text-align:center;">PAYMENT IN FULL IS REQUIRED TO COMPLETE YOUR REGISTRATION. IF PAYMENT IS NOT MADE, YOUR REGISTRATION WILL BE CANCELLED</p> <p style="font-size: small; text-align:center;">I hereby apply for the WINTER 2019 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.</p> <p>Signature: _____ Date: _____</p>	

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