

REGISTRATION FORM

All Students MUST meet Prerequisite & Immunization Requirements. If prerequisites were NOT taken at HCC then you must PROVIDE a transcript

	Student Number									Today's Date					
	@										MM	DD	YY		
Last Name														Middle Initial	
Address (Number & Street)															
City State								Zip		Phone Num	ber				
En	Email Address Date of Birth (MM-DD-YY)														
Ch	Check off the semester and insert the year in which you are registering: Spring Summer Fall Winter														
	CRN #			Subj	Crse	Cr		Cou	rse Title	Title		Days (Circle) U=Sun. R=Thurs	Time	Room	
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HCC is extremely interested in your educational success. A good financial standing will enable you to continue pursuing your academic goals here at Housatonic Community College. Failure to pay for courses will result in an outstanding balance on your account.

Payment may be made with either Financial Aid, Payment Plans, Scholarships or third parties to the student accounts office.

If a decision is made not to attend a class, it is the student's responsibility to drop classes prior to the first day of the semester to avoid charges on the student account and grade issues.

Payment may be made online through your MyCommNet Account

Financial Aid: Please make sure your financial aid is in place, if you have any questions regarding your aid, please contact the Financial Aid Office at: Phone: (203) 332 – 5047 or E-mail: <u>HC-Finaid@hcc.commnet.edu</u>

Student Accounts Office: Students have to log into their MyCommNet Account in order to make payment. Unfortunately, at this time there is no other way to submit payment. If you have any questions regarding your payment the Student Accounts Office can be reached at: Phone: (203) 332 – 5260 or E-mail <u>HC-Bursar@hcc.commnet.edu</u>

I understand that when I register for any class at the Connecticut Community Colleges or receive any service from the CCC's 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: https://www.ct.edu/admission/tuition.

Signature:

Date: