

## **Spring 2018 REGISTRATION FORM**

<u>All Students **MUST** meet Prerequisite & Immunization Requirements</u> <u>If prerequisites were **NOT** taken at **HCC** then you must **PROVIDE** a transcript</u>

	Fax: (203) 332-5251 Mail: HCC Registrar's Office 900 Lafayette Blvd Bridgeport, CT 06604														<u> </u>	<u>Admissions Application</u> IS Required before Registration							
Banner ID								Todays Date							Social Security Number								
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Last	e	_								First						l.	l	l		Mic	Idle Initial		
Add	Address (Number & Street)																						
City State Zip Phone Number																							
Ema	Email Address Date of Birth (MM-DD-YY) Gender: M/F															der:							
CRN #				Subj Crse Cr				Course Title						l	Day J=Sun	ays (Circle) n. R=Thurs. Time			•	Room			
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	Check			ck Num										-		~							
3. Credit Card (Circle One) Visa Master Card Discover SAmount to be Charged Note: Failure to indicate amount to be charges will result in a charge equal to the minimum amount due.																							
Credit Card Number:																							
			PAY			QUIRE	ото (		YOU	R REGISTRA	TION. IF P	AYME	ENT IS NOT MA	DE, Y		GISTR	ATION V	/ILL BE	CANCE	LLED			
	I hereby apply for the SPRING 2018 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.																						
Sigr	ature	:											Da	ate:									
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Students are ultimately responsible for course selection and meeting graduation requirements.