

Winter 2017 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 Admissions Application Mail: HCC Registrar's Office 900 Lafayette Blvd **IS** Required before Registration Bridgeport, CT 06604 Banner ID **Todays Date** Social Security Number @ First Middle Initial Last Name Address (Number & Street) City State Zip Phone Number **Email Address** Date of Birth (MM-DD-YY) Days (Circle) CRN# Subj Crse Cr **Course Title** Time Room U=Sun. R=Thurs. UMTWRFS UMTWRFS UMTWRFS UMTWRFS UMTWRFS **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 Amount Enclosed: \$_ Check Number: _Amount to be Charged 3. Credit Card (Circle One) Visa Master Card Discover Note: Failure to indicate amount to be charges will result in a charge equal to the minimum amount due. Credit Card Number: Exp. Date: _ PAYMENT IN FULL IS REQUIRED TO COMPLETE YOUR REGISTRATION. IF PAYMENT IS NOT MADE, YOUR REGISTRATION WILL BE CANCELLED I hereby apply for the <u>WINTER 2017</u> 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.

Date:

Signature: