HOWARD COMMUNITY COLLEGE

YEAR _____

Credit Registration
Complete a separate form for each semester

☐ Spring ☐ Winter ☐ Sum I ☐ Sum I Extended ☐ Sum 2 ☐ Sum 3 ☐ Fall

Student ID # **OR** **Social Security Number**

Over 60? Check here ☐ ☐ Mr. ☐ Ms.

☐ **New Address - By checking this box I understand that my address will be changed. Proof of residency may be required.**

Last Name

First Name **Middle Name or Initial** **Email Address**

Street Number and Apartment **Residence County** **Cell Phone**

City **State** **ZIP** **Home Phone**

The Federal Government requests that the college record race and ethnicity. To ensure that we are in compliance, please complete the following questions:

1) Are you Hispanic? ☐ **Yes** ☐ **No**

2) Race: Please check all that apply.

- ☐ **American Indian or Alaskan Native**
- ☐ **Asian**
- ☐ **Black or African American**
- ☐ **Native Hawaiian or Pacific Islander**
- ☐ **White**

COURSE SELECTION (List ALL Course information requested below. See example.)

INDEX #	COURSE & NUMBER	SECTION	CR HRS	GRADING OPTION Credit or Audit	DAY(S) & TIME(S) OF CLASS
8888	ACCT 111	201	3	Credit	T TH 9:30 AM

***BEFORE REGISTRATION, STUDENTS MUST OBTAIN*:**

(1) Prerequisite waiver(s) cleared through the Admissions Office.
(2) Advisor's signature *REQUIRED* for over 18 semester hours.

I understand I am responsible for, and agree to pay, all charges I incur at HCC. If I DROP/ADD or WITHDRAW, I must do so in accordance with the policies and procedures in the Schedule of Classes. ***I certify that the above information is true and correct.***

Student's Signature _____ Date _____

Advisor's Signature _____ Date _____