HOWARD COMMUNITY COLLEGE

YEAR _____

Credit Registration – Photo ID Required
Complete a separate form for each session

☐ Winter ☐ Spring ☐ Summer ☐ Fall

☐ Mr. ☐ Ms. ☐ Check here if over 60

Student ID #

Last Name

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

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

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

Colleges and universities are asked by many, including federal and state governments and national surveys, to describe the racial/ethnic backgrounds of our students and employees. You should answer both questions.

Are you of Hispanic or Latino origin? ☐ **Yes** ☐ **No**

What is your race? Select one or more of the following categories:

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

Definitions of these terms are available online: www.howardcc.edu/Visitors/Webmaster/race_ethnicity.html.

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 – 10:50 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 college's policies and procedures.
I certify that the above information is true and correct.

Student's Signature _____ Date _____

Advisor's Signature/Phone _____ Date _____