HOWARD COMMUNITY COLLEGE

CREDIT REGISTRATION FORM

Complete a *separate form* for each semester

YEAR _____

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

Student ID # **OR** Social Security Number

Over 60? Check here ☐

Last Name ☐ Mr. ☐ Ms.

First Name Middle Name or Initial

Street Number and Apartment County of Residence

City State ZIP ☐ **Check here if new address**

By checking this box I understand that my address will be changed. Proof of residency may be required.

Cell Phone

Home Phone

email address

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 _____