



REGISTRATION FORM

Office of the Registrar • Greenwoods Hall Room 215
Park Place East, Winsted, CT 06098
Phone (860) 738-6314 • Fax (860) 738-6413

Semester Registering for: Fall 20____ Spring 20____ Summer 20____

Student ID No. @_____
(REQUIRED)

OR Social Security No. _____ - _____ - _____
(Not required if Student ID provided)

Name _____
Last First Maiden / Middle Name

Is this a new address: Yes No

Mailing Address _____ Daytime Phone _____
Number and street

_____ Date of Birth _____
City, state, zip

CRN	Course # and Section	Course Title	Credits	Time From - To	Days M T W R F S	BLDG Rm #
1234	ENG* 101	Composition	3	8:30-9:51	(M) (T) W R F S	GW-215
					M T W R F S	
					M T W R F S	
					M T W R F S	
					M T W R F S	
					M T W R F S	
					M T W R F S	
					M T W R F S	

Advisor/Counselor signature _____ Date _____

Student signature _____ Date _____

PAYMENT BY: Debit/Credit Card Cash Check # _____ Amount \$ _____

Card Number _____

Expiration Date _____ Security Code (on back of card) _____ Billing Zip Code _____

Signature _____

FEES ARE NON-REFUNDABLE

Registrar's Approval _____ Date _____ Waivers Applied _____ Total Credits _____