

REGISTRATION

Downtown Campus
 20 Church Street
 New Haven, CT 06510
 (203) 285-2020
 Fax (203) 285-2018



STATE OF CONNECTICUT
 BOARD OF GOVERNORS FOR HIGHER EDUCATION
 BOARD OF TRUSTEES OF COMMUNITY-TECHNICAL COLLEGES

SEMESTER: FALL _____ WINTER _____ SPRING _____ SUMMER _____

NEW STUDENT CONTINUING STUDENT READMIT STUDENT

LAST ATTENDED _____

STUDENT I.D.@ _____ SOC. SEC. ____ / ____ / ____ D.O.B. ____ / ____ / ____

NAME (LAST) _____ FIRST _____ M.I. / FORMER NAME _____

ADDRESS (NEW ADDRESS) _____

CITY/STATE/ZIP _____

TELEPHONE: () _____ () _____
 HOME WORK

E-MAIL ADDRESS _____ @ _____

SEX: MALE CITIZENSHIP: U.S. CITIZEN STUDENT VISA
 FEMALE PERMANENT RESIDENT OTHER

ETHNIC BACKGROUND:

- (10) WHITE/NON HISPANIC (40) ASIAN/PACIFIC ISLANDER
- (20) BLACK/NON HISPANIC (50) AMERICAN INDIAN/ALASKAN NATIVE
- (30) HISPANIC (60) PREFER NOT TO RESPOND

Master Card / Visa Only:

____ / ____ / ____ / ____

Expiration Date:

Amount Not to Exceed:

\$ _____

Signature

CRN	COURSE NUMBER	COURSE TITLE	CREDITS	FOR OFFICE USE ONLY

ADVISOR'S SIGNATURE _____ DATE _____

STUDENT'S SIGNATURE _____ DATE _____