

College Career Pathways Office
 574 New London Turnpike
 Norwich, CT 06360
 860-215-9297



Office Use
 Date Entered: _____
 Entered By: _____

Registration for School Year		Name (Last) (First) (MI)			Date of Birth
TRCC Student ID# @		Address No. & Street		City/Town	State Zip
CT Legal Resident YES NO		Male Female		Email Address	Home Phone ()
Date of Registration	High School			Expected Year of High School Graduation	
CRN#	SUBJECT	COURSE NUMBER	CLASS TITLE		CREDITS
					YES NO*
					YES NO*
					YES NO*
					YES NO*

COMMENTS:

*** IF THE STUDENT HAS NOT MET THE COURSE PRE-REQUISITE, PERMISSION OF THE INSTRUCTOR IS REQUIRED.**

 Instructor Signature

PLEASE COMPLETE AND RETURN THIS FORM TO YOUR GUIDANCE COUNSELOR FOR THEIR APPROVAL.

 Guidance Counselor Signature