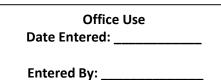
College Career Pathways Office 574 New London Turnpike Norwich, CT 06360 860-215-9297





Registration for School Year		Name (Last) (Fi	irst) (MI)					Date of Birth	
TRCC Student ID# @		Address No. & Stre	et	City/Town	State	Zip		New Address YES NO	
CT Legal Resident YES NO	Male Female	Email Address				Home Phone ( )		Cell Phone ( )	
Date of Registration	High School						Expected Year of	f High School Gra	Iduation
CRN#	SUBJECT	COURSE NUMBER		CLASS TITLE			CREDITS	PRE-REQUISITE MET?	
								YES	NO*
								YES	NO*
								YES	NO*
								YES	NO*
COMMENTS:									
* IF THE STUI	DENT HAS NOT	MET THE COURS	SE PRE-REQU	UISITE, PERMIS	SSION OF THE	INSTRUCTOR	R IS REQUIRE	D.	
								Instr	uctor Signature
PLEASE COM	PLETE AND RE	ETURN THIS FORM	<b>A TO YOUR</b> G	GUIDANCE COU	JNSELOR FOR	R THEIR APPR	OVAL.		
								Guidance Coun	selor Signature