

Office of the Registrar
 574 New London Turnpike
 Norwich, CT 06360
 Tel: (860) 892-5756

Three Rivers

COMMUNITY COLLEGE

Board of Governors for Higher Education State of Connecticut
CREDIT COURSE REGISTRATION FORM

Office Use:

Semester: Fall 20 ____ Winter 20 ____ Spring 20 ____ Summer 20 ____ CT Legal Resident: Yes No Program of Study _____

@ _____
 Student ID _____ Date of Birth _____ Home Phone Number _____ Cell Phone Number _____ Business Phone Number _____

_____ Last Name _____ First Name _____ M.I. _____ Email Address (Required) _____

_____ Address _____ City _____ State _____ Zip _____ Is this a New Address?
 Yes No

Advisor's Signature _____ **Date** _____

CRN	SUBJ.	CRSE	SEC	TITLE	CR	DAYS	TIME	LOC	RM	ADVISOR COMMENTS	
Registrar's Staff Initials _____					Total Credits _____						

INSTRUCTOR OVERRIDES (IF NECESSARY)

Override Closed Section		Prerequisite Override (EXCLUDING Math/Eng)		Late Registration Override (Second Week of Add-Drop Period)		Time Conflict Override	
Course No / CRN	Instructor Signature	Course No / CRN	Instructor Signature	Course No / CRN	Instructor Signature	Course No / CRN	Instructor Signature

PAYMENT BY: Check Cash M.O. Financial Aid
 MC Visa CT Vet Waiver Senior Citizen Waiver

Name as it appears on Card _____

Card No. _____ Exp Date _____

By signature below I authorize Three Rivers Community College to charge my account the amount indicated below.

Amount _____

Responsibilities of the Student (Please Read)

- By signature below, I acknowledge and agree to abide by the following:
1. The computer usage policy printed on the reverse side of this registration form.
 2. To pay the nonrefundable fees associated with registration.
 3. To have read the published prerequisites of the courses for which I have registered.
 4. To comply with the refund/withdrawal policy printed on the reserve side of this registration form.
 5. To abide by the rules and regulations governing student conduct published in the General Catalog and Student Handbook.

Signature _____ **Date** _____