

Office of the Registrar  
 574 New London Turnpike  
 Norwich, CT 06360  
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Board of Regents for Higher Education  
**CREDIT COURSE REGISTRATION FORM**

Office Use:

Semester: Fall 20\_\_\_\_ Winter 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

@ \_\_\_\_\_  
 Student ID Home Phone Number Cell Phone Number

\_\_\_\_\_  
 Last Name First Name M.I. Date of Birth

\_\_\_\_\_  
 Address City State Zip Is this a new address? Yes  No

**Advisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

CRN	SUBJ.	CRSE	SEC	CR	TITLE	DAYS	TIME	ADVISOR COMMENTS
						MTWRFSS		
						MTWRFSS		
						MTWRFSS		
						MTWRFSS		
						MTWRFSS		
						MTWRFSS		

**INSTRUCTOR OVERRIDES (IF NECESSARY)**

Override Closed Section		Prerequisite Override		Late Registration Override (Second Week of Add-Drop Period)		Time Conflict Override	
CRN	Instructor Signature	CRN	Instructor Signature	CRN	Instructor Signature	CRN	Instructor Signature

Payment Plans are available for students registered for 6 or more credits  
 Payment Options online: [www.threerivers.edu](http://www.threerivers.edu)  
[Tuition and Fees](#)

**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.

<b>Total Credits</b>	<b>Registrar's Office Staff Initials</b>
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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_