

## **IN-PERSON STUDENT REGISTRATION FORM**

CHECK TERM:	PLEASE PRINT CLEARLY:						Charle If Address Changed		
] FALL	Name						Check If Address Changed		
WINTER							OFFICE USE ONLY		
☐ SPRING ☐ SUMMER	City		:	State	Zip .				
EAR	Phone()			County			Recorded By	Date	
		FIRST CHOICES					TERNATE CHOICES		
Course Code Section Number		Course Title		Credits	Course Code Section Number	AL	Course Title		Cred
			Total Credits		Full-time stu	dents must have 12 a	or more credits or credit equiva	lents.	
ccept responsibility for my c	course selection and ot	her information provided on t	his form. I understan	L nd that acade			. I certify that I have met the prered		cours
	<b>DLESEX</b> L L E G E						GISTRATIO		
					SON STUD		GISTRATIO  MAJOR:		
D.# (USED FOR IDEI	NTIFICATION PU	RPOSES ONLY)							
D.# (USED FOR IDEI CHECK TERM:	NTIFICATION PU	RPOSES ONLY)					MAJOR:Check If Addres	ss Change	
D.# (USED FOR IDEI CHECK TERM: J FALL J WINTER	PLEASE PRIN Name	RPOSES ONLY) NT CLEARLY:		F	irst	Middle Initial	MAJOR:	ss Change	
D.# (USED FOR IDEI HECK TERM: I FALL I WINTER I SPRING	PLEASE PRIN Name	RPOSES ONLY) NT CLEARLY:		F		Middle Initial	MAJOR: Check If Addres	ss Change	
D.# (USED FOR IDEI HECK TERM: I FALL I WINTER I SPRING I SUMMER	PLEASE PRIN Name Address City	RPOSES ONLY) NT CLEARLY:		F State	irst	Middle initial	MAJOR:Check If Addres	ss Change	
D.# (USED FOR IDEI HECK TERM: I FALL I WINTER I SPRING I SUMMER	PLEASE PRIN Name Address City	RPOSES ONLY) NT CLEARLY:		F State	zip .	Middle Initial	MAJOR: Check If Addres	ss Change	
D.# (USED FOR IDEI HECK TERM: I FALL I WINTER I SPRING I SUMMER EAR	PLEASE PRIN Name Address City	RPOSES ONLY) NT CLEARLY:  Last		F State	zip .	Middle Initial	MAJOR: Check If Addres  OFFICE USE C	ss Change	ed [
D.# (USED FOR IDEI HECK TERM: I FALL I WINTER I SPRING I SUMMER EAR	PLEASE PRIN Name Address City	RPOSES ONLY) NT CLEARLY:  Last  Last  FIRST CHOICES		State Count	zip .	Middle Initial	MAJOR: Check If Addres  OFFICE USE C	ss Change	ed [
D.# (USED FOR IDEI HECK TERM: FALL WINTER SPRING SUMMER EAR	PLEASE PRIN Name Address City	RPOSES ONLY) NT CLEARLY:  Last  Last  FIRST CHOICES		State Count	zip .	Middle Initial	MAJOR: Check If Addres  OFFICE USE C	ss Change	ed [
D.# (USED FOR IDEI HECK TERM: I FALL I WINTER I SPRING I SUMMER EAR	PLEASE PRIN Name Address City	RPOSES ONLY) NT CLEARLY:  Last  Last  FIRST CHOICES		State Count	zip .	Middle Initial	MAJOR: Check If Addres  OFFICE USE C	ss Change	ed [
D.# (USED FOR IDEI HECK TERM: I FALL I WINTER I SPRING I SUMMER EAR	PLEASE PRIN Name Address City	RPOSES ONLY) NT CLEARLY:  Last  Last  FIRST CHOICES		State Count	zip .	Middle Initial	MAJOR: Check If Addres  OFFICE USE C	ss Change	ed [
D.# (USED FOR IDEI HECK TERM: I FALL I WINTER I SPRING I SUMMER EAR	PLEASE PRIN Name Address City	RPOSES ONLY) NT CLEARLY:  Last  Last  FIRST CHOICES		State Count	zip .	Middle Initial	MAJOR: Check If Addres  OFFICE USE C	ss Change	ed [
D.# (USED FOR IDEI CHECK TERM: I FALL I WINTER I SPRING I SUMMER EAR	PLEASE PRIN Name Address City	RPOSES ONLY) NT CLEARLY:  Last  Last  FIRST CHOICES		State Count	zip .	Middle Initial	MAJOR: Check If Addres  OFFICE USE C	ss Change	
D.# (USED FOR IDEI CHECK TERM: I FALL I WINTER I SPRING I SUMMER EAR	PLEASE PRIN Name Address City	RPOSES ONLY) NT CLEARLY:  Last  Last  FIRST CHOICES		State Count	Zip	Middle Initial  AL	MAJOR: Check If Addres  OFFICE USE C	DATE	ed l
D.# (USED FOR IDEI  THECK TERM:  FALL  WINTER  SPRING  SUMMER  EAR  Course Code Section Number	PLEASE PRIN Name Address City Phone(	RPOSES ONLY)  NT CLEARLY:  Last  PIRST CHOICES  Course Title  her information provided on t	Total Credits	State Count  Credits	Zip  Y  Course Code Section Number  Full-time stu	AL  dents must have 12 or with course selection.	Check If Address  OFFICE USE Conservation  Recorded By  TERNATE CHOICES  Course Title  Or more credits or credit equivalent to the conservation of	Date  Date  Date  Date  Pents.  Quisites for the company of the co	Cree
D.# (USED FOR IDEI  CHECK TERM:  FALL  WINTER  SPRING  SUMMER  EAR  Course Code Section Number  Course Code Section Number	PLEASE PRIN Name Address City Phone (	RPOSES ONLY)  NT CLEARLY:  Last  PIRST CHOICES  Course Title  her information provided on to my responsibility to pay my b	Total Credits his form. I understan ill by the due date, t	State Count  Credits  Credits	Zip  Y  Course Code Section Number  Full-time stu	AL  dents must have 12 co with course selection. and periods. I understan.	Check If Address  OFFICE USE CORRECTED TO THE CONTROL OF THE CORRECTED TO	Date  Date  Date  Date  Pents.  Quisites for the company of the co	Cre
D.# (USED FOR IDEI CHECK TERM: FALL SHALL SHING SPRING SUMMER CAR COURSE CODE Section Number	PLEASE PRIN Name Address City Phone (	RPOSES ONLY)  NT CLEARLY:  Last  PIRST CHOICES  Course Title  her information provided on to my responsibility to pay my b	Total Credits his form. I understan ill by the due date, t	State Count  Credits  Credits	Course Code Section Number  Full-time stu  mic counseling is available to heliatring date of my classes and refi	AL  dents must have 12 co with course selection. and periods. I understan.	Check If Address  OFFICE USE CORRECTED TO THE CONTROL OF THE CORRECTED TO	Date  Date  Date  Date  Pents.  Quisites for the company of the co	Cre