



# IN-PERSON STUDENT REGISTRATION FORM

I.D.# (USED FOR IDENTIFICATION PURPOSES ONLY) \_\_\_\_\_

MAJOR: \_\_\_\_\_

**CHECK TERM:**

- FALL
  - WINTER
  - SPRING
  - SUMMER
- YEAR \_\_\_\_\_

**PLEASE PRINT CLEARLY:**

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

Check If Address Changed

**OFFICE USE ONLY**

Recorded By \_\_\_\_\_ Date \_\_\_\_\_

**FIRST CHOICES**

| Course Code   | Section Number | Course Title | Credits |
|---------------|----------------|--------------|---------|
|               |                |              |         |
|               |                |              |         |
|               |                |              |         |
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|               |                |              |         |
|               |                |              |         |
|               |                |              |         |
|               |                |              |         |
| Total Credits |                |              |         |

**ALTERNATE CHOICES**

| Course Code | Section Number | Course Title | Credits |
|-------------|----------------|--------------|---------|
|             |                |              |         |
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|             |                |              |         |

*Full-time students must have 12 or more credits or credit equivalents.*

I accept responsibility for my course selection and other information provided on this form. I understand that academic counseling is available to help with course selection. I certify that I have met the prerequisites for the course for which I am registering. Further, I understand that it is my responsibility to pay my bill by the due date, to know the starting date of my classes and refund periods. I understand that it is my responsibility to read the Middlesex College Catalog regarding College policies. **(Note: if you wish to register for a course on an audit (no credit, no grades) basis, place the letter X after the course code and section number.)**

\_\_\_\_\_  
 Student's Signature Date Advisor's Signature Date

WHITE-Enrollment Services CANARY-Student R1/22



# IN-PERSON STUDENT REGISTRATION FORM

I.D.# (USED FOR IDENTIFICATION PURPOSES ONLY) \_\_\_\_\_

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- FALL
  - WINTER
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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

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WHITE-Enrollment Services CANARY-Student R1/22