



KIRTLAND COMMUNITY COLLEGE

Office of the Registrar

REGISTRATION FORM

Semester/Year

Student ID#: _____

Date of Birth: _____

Name: _____
LAST FIRST MIDDLE

Previous Last Name(s): _____

Address: _____
CITY STATE ZIP

Phone #: (_____) _____

Program of Study: _____

Dual Enrolled? Yes No (enrolled in both high school and college concurrently)

NOTE: Dual enrolled students must have a completed dual enrollment form at the time of registration

COURSE SELECTION

| COURSE NO.-SECTION NO. | COURSE TITLE | CREDITS | TIME | DAY(S) |
|--|---|---------------|--|-----------|
| <i>Example: ACC-12500-60</i> | <i>Computer Accounting w/QuickBooks</i> | <i>4</i> | <i>8:30 - 10:00</i> | <i>MW</i> |
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| To audit a course, please write 'audit' in the credit section. | | Total credits | Credit overload approval (Dean or Counselor) | |

for instructor use:

time conflict override approval _____
course authorized signature
_____ authorized signature
course

I assume responsibility for tuition, fees, and other debts incurred at KCC by the published due date.
I understand my registration may be canceled if payment is not received on time.

Student Signature _____

Date _____

Advisor Signature _____

for office use only:
AD processed _____ on _____ date
initials date
RE processed _____ on _____ date
initials date