Kirtland Community College
Office of the Registrar
4800 W. 4 Mile Rd.
Ph 989-275-5000 ext. 251 **Fax** 989-563-5933
email: registrar@kirtland.edu

REGISTRATION FORM

Semester/Year

Student ID#: _____ Date of Birth: _____

Name: _____
Last First Middle

Previous Last Name(s): _____ _____

Address: _____
City State Zip

Home Phone #: _(____)_____ Cell 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)
Example: ACC-12500-60	Computer Accounting w/QuickBooks	4	8:30 - 10:00	MW
	Total Credits		Credit overload approval (Dean or Counselor)	

To audit a course, please write 'audit' in the credit section.

For instructor use:
Time conflict override approval: _____ _____
Course authorized signature

_____ _____
Course authorized signature

I understand that it is my responsibility to consult with Student Financial Services office before dropping /withdrawing from class regarding the impact that it may have on my financial aid/veterans benefit status.

I understand and agree that once I am registered for a course at Kirtland Community College, I am solely responsible for the payment of tuition, fees, and any other charges that I have authorized to be posted on my account. If I do not plan on attending my classes, I am responsible for dropping/withdrawing from my classes in accordance with published deadlines.

Kirtland will communicate pertinent information specific to my individual file, including, without limitation, financial aid, registration, payroll, income tax statements via my College e-mail (Kmail) account where I am accountable to review on an ongoing basis. I authorize the College and their respective agents and contractors to contact me at the phone number(s) that I provide for my home, cellular phone or other wireless device using automated telephone dialing equipment or pre-recorded voice or text messages.

Student Signature: _____ **Date:** _____

Advisor Signature: _____

For office use only:
AD processed _____ on _____
Initials date
RE processed _____ on _____
Initials date