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# Mount Wachusett Community College STUDENT COURSE REGISTRATION FORM



Mount Wachusett  
Community College

www.mwcc.edu

Student Last Name (PLEASE PRINT CLEARLY)

First

MI

Student ID

\_\_\_\_\_

Update this section if changed

Street/PO Box

City

State

Zip Code

Home Telephone Number

Work Telephone Number

Cell Telephone Number

E-mail address:

\_\_\_\_\_ @ \_\_\_\_\_

\_\_\_\_ Check If You Are An International Student

## COURSE SELECTIONS

### Directions:

1. Select courses and enter requested data in the appropriate boxes (SEE EXAMPLE BELOW)
2. To avoid time/course conflicts be certain selected courses do NOT have the same section letter (the section letter identifies the class meeting time).

CRN	Dept./Course Prefix	Course Number	Section Letter and/or Number	Course Credit
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Example:

1   0   4   7   2	S   O   C	1   0   3	B	3
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1.				
2.				
3.				
4.				
5.				
6.				
7.				

TOTAL CREDITS:

| |

## MWCC DIRECTORY INFORMATION

The college considers "directory information" a student's name, city and state of mailing address, program of study, enrollment status, degree or certificate earned, and academic honors received. As authorized by the Records Office, the "directory information" is given upon request to various organizations, agencies, or individuals. If you DO NOT wish to have "directory information" released you must complete a "Confidentiality Request Form" at the Enrollment Services/Records Office.

**Students are encouraged to meet with an academic advisor prior to registration. Students are responsible for making sure they meet degree requirements and other graduation criteria.**

***To withdraw from any or all of these courses, you must officially contact the Enrollment Services Office. The Student retains full financial responsibility for courses from which you have not officially withdrawn. The Registration Fee is non-refundable, unless all courses are canceled by the college.***

Student Signature

Date

Advisor Signature

Date

ENT \_\_\_\_\_

DA \_\_\_\_\_