WASHINGTON COUNTY COMMUNITY COLLEGE ♦ REGISTRAR'S OFFICE

Course Registration Form

Are you enrolled in a WCCC program ☐Yes ☐No, If Yes, Major_____

Semester Registering For: ☐Fall ☐Spring ☐Summer Year_____

First Name: _____Last Name:_____ Social Security#_____

Address: _____ City:_____ State:_____ Zip:_____

Advisor's Name:_____

Course ID #	Section #	Course Title	Credits	Alternative Registration Type (if applicable)*	Start Date

** Audit, Credit by Exam, Portfolio Assessment and Independent Study. (Appropriate forms must be completed in order to register for a course as credit by exam and independent study). These are available in the Registrar's Office.*

Have you applied for Financial Aid? _____ Yes _____No, if no, please contact the Financial Aid Office

Other courses needed but not scheduled

Course ID #	Course Title	# Credits

Advisor's Signature_____ Date_____

Student's Signature_____ Date_____

Please note: It is the student's responsibility to ensure they are taking the appropriate courses for degree progress. No substitutions will be accepted without documentation from the Academic Dean or Registrar.