



Student Registration Form

Date:
Mo Day Yr

Social Security Number
 - -

Term: Fall Spring Summer Classes: Day Evening

Section I: Student Information

Has any of your contact information change since you last registered at R-CCC? Yes No

Name _____
Last First Jr., III, etc. Middle

Address _____
Street/Box City State Zip

Telephone: Home () _____ Work () _____

Next of Kin _____
Last First Middle

Address _____
Street/Box City State Zip

Telephone: Home () _____ Cell # () _____

E-mail Address: _____

Section III: Statistical Information

Date of Birth Gender: Male Female Race: Asian Black Hispanic Native American White Other

Veteran: Yes No Employed: Full Time Part Time Not Working

Legal Residency: State _____ County _____

Section III: Registration Information

Student Classification: Freshmen Sophomore Returning Audit Transfer

Major: _____

Course Registration:

Prerequisite	Hours								
	Checked	Prefix	No.	Sect.	Title	Day	Time	Credit	Contact

Signatures: Student _____ Advisor _____
 Division Chair _____ (if total hours exceed 19 in fall or spring; 9 in summer)
 Associate Dean, Student Services (or designee) _____