

## **Student Registration Form**

Please print	legibly.			_						
Student ID#					Term of registration:					
					$\Box$ Fall	□Sprin	ıg 🗆	Summer 20	D <u></u>	
				L						
Student's Name:					Date:					
Section I: Student Information										
Has any of y	our con	tact info	rmation c	hanged since	you last reg	jistered at	R-CCC?	Yes 🗌	No 🗌	
Address:										
/ ladi 000	Mailing Information			Ci	City			State Zip		
Telephone:	Home (	)		Cell, if different from Home: ( )			)			
Section II: Registration Information										
Curriculum/Pre	ogram of S	Study:								
Course Regist			_							
Prerequisite Checked	Course Prefix	Course No.	Course Sect.		Title		Day	Time	Hours Credit	
	1 10131	1101							T	
Signatures: Student: Registered by:										
Student:					Registered by:					
Division Director(If total hours exceed 19 in fall or spring; 9 in summer)										
Dean, Studen	t Services	(or desigr	nee)							

**Equal Opportunity:** 

R-CCC 222 July '18 previous editions obsolete

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