



# Registration Form

Records Office · Room A-112  
 1601 Washington Road · Westminster, Maryland 21157  
 410-386-8430 · FAX 410-386-8446  
 Toll Free 1-888-221-9748

## Personal Data

Student ID: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
Last First Middle

Permanent Address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip County

Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

## Schedule Request (if you are auditing, please check the audit column)

Year/Semester: \_\_\_\_\_

ID	Audit	Course Number	Billable Hrs	Course Title
0247		ENGL 101-01	3	Craft of Composition

Total Billable Hours \_

Year/Semester: \_\_\_\_\_

ID	Audit	Course Number	Billable Hrs	Course Title
0247		ENGL 101-01	3	Craft of Composition

Total Billable Hours \_

## Document of Understanding

*I request the courses indicated above. By my signature, I acknowledge my responsibility for payment of the tuition and fees generated by this registration. I also acknowledge that I have read and understand the College policies with respect to out-of-county charges, withdrawal and refunds (tuition and fees refunded at 100% for classes dropped prior to the starting date of a session and through the first 7 days of a session) as published in the current Schedule of Classes and the College Catalog.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## Credit Card Payment Information (if you desire to pay tuition and fees by credit card, complete the following)

Type of Card:  VISA  MASTERCARD  DISCOVER Note: Your CID# is the last three digits in the signature box on the back of your credit card

Credit Card Number \_\_\_\_\_ CID# (required) \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Credit Card Expiration Date \_\_\_\_\_

Cardholder's Billing Address (required) \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only: Adviser Signature \_\_\_\_\_ Processor Initials / Date \_\_\_\_\_