

Student ID # **(REQUIRED)**

@

Check here if your address has changed since you last attended.

Ever attended a CT Community College? YES NO

Student's Name: (Last) _____ (First) _____ (Middle) _____

Address: No. and Street _____ City or Town _____ State _____ Zip Code _____

Social Security # - -

NOT REQUIRED IF STUDENT ID# PROVIDED

E-mail Address: _____

NEW
 RETURNING
 READMIT

Daytime Phone Number - -

Date of Birth: _____

CRN #	COURSE CODE	COURSE TITLE	CREDITS	DAY(S)-CIRCLE	TIME	OFFICE USE ONLY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M T W R F O	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M T W R F O	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M T W R F O	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M T W R F O	<input type="text"/>	

Proof of prerequisite **MUST be included** with registration STUDENT'S SIGNATURE: _____ TOTAL CREDITS:

Online = O

Advisor Signature _____

Full payment required • Make check payable to Tunxis Community College

- Check
- VISA
- MasterCard
- Discover

Credit Card Number

Cardholder's Signature: _____ Expiration Date (month/year): _____

Tuition & Fee Amount \$ _____

New Student Application Fee-\$20 (include application with registration) \$ _____

TOTAL AMOUNT \$ _____

The College reserves the right to cancel courses due to insufficient enrollment. A full refund of tuition AND fees will be issued if a course is cancelled by the College. A full refund of TUITION ONLY will be issued if an official (written) course withdrawal request is received in the Records Office **one business day prior to the first scheduled class.** (See summer course schedule for more info.)

TUNXIS SUMMER/WINTER REGISTRATION FORM

Mail to: Tunxis Community College-Records Office • 271 Scott Swamp Rd. • Farmington, CT 06032

Revised 3/11

