



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 _____

Social Security #:		Date of Birth:
First Name:	Middle Name:	Last Name:
Address:		City:
State & Zip Code:		Phone #:
E-Mail:		Advisor's Name:

Please complete requested information.

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 on the student information portal at portal.wccc.me.edu*

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

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 Registrar Counselor