Washington County Community College
Calais, Maine
Discover Choices • Create Success

Enrollment & Student Services

One College Drive
Calais, ME 04619
207-454-1013
Instate: 800-210-6932
Fax: 207-454-1018

Current Student Registration Form

Last Name: _____ First Name: _____ M.I.: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Phone Number: _____
Cell phone carrier: ☐ US Cellular ☐ Verizon ☐ AT & T ☐ Tracfone ☐ Other _____

Student ID #: _____ Email address: _____

Program of Study: _____

Semester registering for (please check semester): ☐ Fall ☐ Spring ☐ Summer Year 20____

Course Code & Section	Course Title	Time/Day	Credits

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 Coordinator of Enrollment.

Submit completed form to Donna Geel.

Student Signature: _____Date:_____

Advisor Signature: _____Date:_____