MARTIN COMMUNITY COLLEGE

REGISTRATION FORM

STUDENT IDENTIFICATION NUMBER: _____

LAST NAME, FIRST NAME, MIDDLE: _____

STUDENT'S TELEPHONE NUMBER: ( ) _____

PROGRAM OF STUDY: _____

◯ UNEMPLOYED ◯ EMPLOYED

◯ 1 – 10 HOURS PER WEEK ◯ 11 – 20 HOURS PER WEEK ◯ 21 – 39 HOURS PER WEEK ◯ 40 OR MORE HOURS PER WEEK

COURSE PREFIX	COURSE NUMBER	SECTION NUMBER	COURSE TITLE	MON	TUE	WED	THU	FRI	CR	*AUDIT

Total Credit Hours ☐

☐ Registered courses are in student's program per evaluation.

SIGNATURE OF ADVISOR _____DATE PROCESSED_____

**I understand that student must attend classes before the census date (10% point of the class) to remain in the class. Any student who has not attended prior to the census date will receive a grade of N/A and if an online class will be blocked from blackboard. Please initial appropriate box. ___Student ___ Advisor

SIGNATURE OF STUDENT _____DATE_____

***AUDIT -** **YOU MUST PUT YOUR INITIALS IN THE COLUMN MARKED "AUDIT" FOR EACH COURSE BEING AUDITED. COURSES AUDITED DO NOT EARN CREDIT. A GRADE OF "AU" WITH NO CREDIT HOURS OR QUALITY POINTS WILL BE RECORDED ON THE STUDENT'S RECORD. AUDITORS ARE NOT REQUIRED TO MEET ATTENDANCE REGULATIONS OR TAKE TESTS. AUDIT STATUS MUST BE DECLARED BY THE PUBLISHED LAST DAY TO ADD A CLASS.**

Revised 01/16/2018