

Today's Date
 MONTH DAY YEAR

STUDENT ID NUMBER: _____ OR _____
 SOCIAL SECURITY NUMBER (OPTIONAL) _____
 DATE OF BIRTH: MONTH DAY YEAR
 PREVIOUS NAME _____
 FIRST NAME _____
 E-MAIL ADDRESS _____
 MAILING ADDRESS _____
 CITY STATE ZIP
 HOME TELEPHONE AREA CODE LOCAL NUMBER
 CELL PHONE AREA CODE LOCAL NUMBER
 WORK TELEPHONE AREA CODE LOCAL NUMBER
 CITY STATE ZIP
 STREET _____
 EMPLOYER _____
 CHECK SESSION
 FALL SPRING SUMMER

Please check one:
 M—Male
 F—Female

RACE/ETHNICITY: Do you consider yourself to be Hispanic/Latino? Yes No

In addition, select one or more racial categories to describe yourself:
 Black/African American Cape Verdean Portuguese American Indian/Alaska Native Asian
 Native Hawaiian/Pacific Islander White

Demographic Information: Please help us to determine how well the college serves our region by completing this optional information.

COURSE INFORMATION

CRN	COURSE	NO.	SECT.	TITLE	CREDITS	DAY	TIME
10574	ENGL	101A	01	Composition I: College Writing (sample)	3	M & W	9:30-10:45 am

Student Signature _____ Registered By _____

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