REGISTRATION FORM - Only for Continuing Students *(FAX or Mail-In use)*

MIDDLESEX COMMUNITY-TECHNICAL COLLEGE

State of Connecticut
Board of Governors for Higher Education
Board of Trustees of Community-Technical Colleges

OFFICE USE ONLY
DO NOT WRITE IN THIS SPACE

STUDENT ID @

THIS REGISTRATION FOR ☐ FALL ☐ SPRING ☐ SUMMER ☐ INTERSESSION YEAR

SS#:

(1) NAME (LAST) FIRST (2) MAIDEN NAME OR MIDDLE INITIAL

(3) ADDRESS (NO. AND STREET) ☐ PLEASE CHECK HERE IF CHANGE OF ADDRESS

(4) CITY/TOWN (5) STATE (6) ZIP (7) PHONE: HOME (8) PHONE: WORK

(14) DATE OF BIRTH MO DAY YR

(15) SEX ☐ MALE ☐ FEMALE

(16) ETHNIC BACKGROUND (1) ☐ CAUCASIAN (2) ☐ BLACK (3) ☐ HISPANIC (4) ☐ ASIAN/ORIENTAL (5) ☐ AMERICAN INDIAN (6) ☐ PREFERS NOT TO RESPOND (8) ☐ PUERTO RICAN

(19) CITIZENSHIP STATUS (1) ☐ U.S. CITIZEN (2) ☐ NATURALIZED CITIZEN (3) ☐ APPLIED (4) ☐ STUDENT VISA (5) ☐ NO VISA (6) ☐ PERM. RESIDENT

(22) U.S. VETERAN (1) ☐ YES ☐ NO

(12) CURRICULUM

(10) CHECK ONE ☐ NEW ☐ READMIT ☐ CONTINUING

(29) HIGH SCHOOL GRADUATED FROM NAME (28) YEAR 19 OR (27) EQUIVALENCY DIPLOMA 19

SEMESTER LAST ATTENDED ☐ FALL ☐ SPRING ☐ SUMMER ☐ INTERSESSION YEAR

MASTERCARD OR VISA ONLY
(PLEASE CIRCLE ONE)

CARD #

EXPIRATION DATE

SIGNATURE

CRN #	DEPT. AND COURSE NO.	COURSE TITLE	NO. OF CREDITS	TIME FROM TO	DAYS - M T W R F S	ROOM NO.
					M T W R F S	
					M T W R F S	
					M T W R F S	
					M T W R F S	
					M T W R F S	
					M T W R F S	
					M T W R F S	
					M T W R F S	
					M T W R F S	
					M T W R F S	

TODAY'S DATE	ADVISOR'S SIGNATURE	TOTAL CREDITS	STUDENT'S SIGNATURE