



COURSE REGISTRATION FORM FOR CCAF / GEM STUDENTS

_____ TERM: FALL WINTER SPRING SUMMER YEAR: _____
 Student ID# or SSN

_____ Last Name _____ First Name _____ Middle Initial _____

_____ Street Address _____ City _____ County _____ State _____ Zip Code _____

Phone Home Business Cell _____ Phone Home Business Cell _____ E-mail address _____

Action: Register, Add, Drop, Withdraw, Audit	Depart- ment	Course Number	Section Number	Title	Credit Hours	Start Date	Days of Week	Time	Location
Register	ENG	111	010	Sample Course	3	8/28	MWF	9-9:50 am	HUM 116

PAYMENT INFORMATION

Select one:

My Tuition Assistance form is attached

I will send my Tuition Assistance form soon

Charge my: AM.EX. MC VISA DISCOVER

Acct # _____

Expiration Date _____

Cardholder Signature/Date

➤ FAX COMPLETED FORM AND TUITION ASSISTANCE FORM TO 410-777-4109 ◀

I request the course(s) indicated above. By my signature, I acknowledge my responsibility for payment of the tuition and fees generated by this registration. I understand that I am responsible for the course(s) selected and understand how they apply toward my educational goal.

_____ Student's Signature (required) _____ Date _____

_____ Adviser's Signature _____ Date _____

An equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-2306 or Maryland Relay 711, 72 hours in advance or e-mail dss@aacc.edu to request special accommodations. For information regarding Anne Arundel Community College's compliance and complaints concerning discrimination or harassment, call Karen L. Cook, Esq., AACC's federal compliance manager, at 410-777-7370 or Maryland Relay 711.