CREDIT REGISTRATION ➤ ADD ➤ DROP FORM

(PLEASE USE BLACK INK)

TERM: ❑ FALL ❑ WINTER ❑ SPRING ❑ SUMMER **YEAR:** _____

SOCIAL SECURITY NUMBER (RPGE) LAST NAME FIRST NAME MIDDLE INITIAL

STREET ADDRESS CITY COUNTY STATE ZIP

HOME PHONE # BUSINESS PHONE #

SELECT ONE FOR EACH CLASS

ACTION: REGISTER • ADD DROP • WITHDRAW • AUDIT	★STARS★	SUBJECT/NUMBER	SECTION	TITLE	CR. HRS	START DATE	DAYS	TIME	LOCATION
Register	★00000★	CHE 011	003	Sample Course	3	Jan. 19	MWF	9-9:50 am	GBTC

TOTAL CREDITS ☐

PAYMENT PLANS – I choose the following payment plan:

- ☐ 100%
- ☐ 20% with 4 additional payments
- ☐ 40% with 3 additional payments
- ☐ 60% with 2 additional payments

After classes begin

- ☐ 80% with 2 additional payments

☐ ATTACHED IS MY CHECK PAYABLE TO AACC

☐ CHARGE MY ❑ AMERICAN EXPRESS ❑ MASTERCARD ❑ VISA ❑ DISCOVER

ACCOUNT #_____ EXP. DATE:_____

SIGNATURE:_____

I request the courses indicated. ***By my signature I acknowledge my responsibility*** *for payment of the tuition and fees generated by this registration. I understand that I must pay my bill or make arrangements to pay by the due date and that I am responsible for all charges unless I drop my classes by the last day of late registration for this term.* ***I understand that I am ultimately responsible for the courses indicated above and understand how they apply toward my education goal.***

REQUIRED STUDENT SIGNATURE/DATE _____

ADVISER'S SIGNATURE/DATE _____

An equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call the disability support services coordinator, 410-777-2306 or Maryland Relay 711, 72 hours in advance to request special accommodations. For information regarding Anne Arundel Community College's compliance, and complaints concerning discrimination or harassment, call 410-777-2462 or Maryland Relay 711.

REV 4/04

Anne Arundel Community College • Records and Registration office • 101 College Parkway • Arnold, MD 21012-1895

www.aacc.edu/recreg