

Please print

ALVIN COMMUNITY COLLEGE

Registration Form Credit Courses

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Social Security Number

Semester _____ Year _____

R1

Phone # () - _____

Name _____
(last) (first) (M I)

Day Ph# () - _____

Section 1: List your classes.

Key	Course	Sec.	Cred.	Time	Days	Room	Instructor
<i>Ex: 1065</i>	<i>HIST 1301</i>	<i>02</i>	<i>3</i>	<i>8:00-9:00</i>	<i>MWF</i>	<i>G105</i>	<i>J. Matthews</i>

For use by registration personnel only	
Counselor/Advisor: Initial by appropriate item.	
TASP Exempt	_____
TASP Passed	_____
TASP Oblig.	_____
Read Crs #	_____
Math Crs #	_____
Engl Crs #	_____
Completed Dev. Seq. for all subject areas not passed: Yes _____ No _____	
Processed	
By:	_____
Date:	_____

Section 2 - Former ACC students: (a) If it has been one or more years since your last enrollment, go to the Office of Admissions and Academic Advising to be readmitted. (b) List any college/university attended since you were enrolled at ACC and have transcript(s) sent to ACC.

Institution Name	Semester Last Attended	Sem. Credits Earned/Attempted

Section 3 - Federal Survey: Please check the appropriate box(es).

- I have devoted myself primarily to making a home and have been left alone because of separation/divorce or the death or absence of a spouse.
- I am a single parent (unmarried or legally separated) and have sole or joint custody of minor children.
- I have difficulty speaking or understanding English.
- None of the above.

Section 4 - Declaration of Educational Intent: I am attending ACC for the reason checked below (check one box only).

- To earn an Associate Degree
- To earn a certificate
- To earn credits for transfer
- To take courses to: - - get a new job or - - improve skills for current job
- To take courses for personal enrichment
- At this time, I prefer not to respond

Section 5 - Registration Conditions

I agree that I am responsible for proper course selection to meet degree and/or transfer requirements and that registration and continued enrollment is dependent upon payment of tuition and fees. The information on this form is correct and accurate. False information will result in cancellation of registration, loss of tuition and fees, and/or disciplinary action. In addition, I understand state TASP requirements and the consequences of noncompliance. Alvin Community College has permission to obtain my TASP scores from National Evaluation Systems.

I certify that my address on record at Alvin Community College is complete, accurate, and current.

Student Signature _____

Date _____