

20 Church Street New Haven, CT 06510 Phone: 203.285.2020 Fax: 203.285.2018 GatewayCT.edu/registrar

SOR REGISTRATION

Once XD Hold is lifted, student is registered for classes

Student ID #: @		D.O.B.:	
Name: (Please Print Clearly) (Last)	(First)		(M.I. / Former Name)
ADDRESS: (Please check if this is a new address)			
CITY:	STATE:	ZIP:	TELEPHONE:

By signing this form you acknowledge the following:

- Your registration is pending approval from Gateway Division of Student Affairs and the Connecticut Board of Regents. Once approved, Gateway will make every attempt to register you for the classes listed below.
- You are responsible for courses selected above and all financial obligations associated with these courses. Payment is due at time of registration.
- You are responsible for the time and location of your courses.
- If you DO NOT attend GCC, it is your responsibility to drop the courses listed above.
- You are responsible for any and all changes to your registration. If you cannot view your registration status on my.commnet, see the Registrar for assistance.
- In order to audit a course one must fill out an Audit Request Form

CRN #	SUBJ	CRSE	CR	COURSE TITLE	Audit	DAYS (Circle)	TIME ROOM	ROOM
						MTWRFS		
						MTWRFS		
						MTWRFS		
						MTWRFS		
						MTWRFS		

ADVISOR'S SIGNATURE DATE

STUDENT	DEVEL	OPMENT	SIGNATURE	DATE

SOR Process

SOR Form Received	
Registration Pending Hold Removal*	
Dean's Approval Received	
BOR Contacted	
Hold Removed & Student Registered	
Schedule Delivered to Stud. Dev.	

STUDEN	NT'S SIGNATURE	DATE
010DEI		
\Box Master Card \Box	Visa 🛛 Discover	
//		-
Expiration Date: A	Amount Not to Exceed: \$	-
Signature		-
DO NOT WR	ITE IN THIS AREA	
FOR OFF	ICE USE ONLY:	
DATE ENTERED:	INITIALS:	