



20 Church Street
 New Haven, CT 06510
 Phone: 203.285.2020
 Fax: 203.285.2018

GatewayCT.edu/registrar

REGISTRATION

FOR: <input type="checkbox"/> FALL <input type="checkbox"/> WINTER (Year) 20____ <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER		Student ID #: @		D.O.B.:
Name: (Last)	(Please Print Clearly)	(First)	(M.I. / Former Name)	
ADDRESS: <input type="checkbox"/> (Please check if this is a new address)				
CITY:	STATE:	ZIP:	TELEPHONE:	

By signing this form you acknowledge the following:

- 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. Please make sure to periodically check your registration status on my.commmnet.edu
- In order to audit a course one must fill out a Audit Request Form

CRN #	SUBJ	CRSE	CR	COURSE TITLE	Audit	DAYS (Circle)	TIME	ROOM
					<input type="checkbox"/>	M T W R F S		
					<input type="checkbox"/>	M T W R F S		
					<input type="checkbox"/>	M T W R F S		
					<input type="checkbox"/>	M T W R F S		
					<input type="checkbox"/>	M T W R F S		
					<input type="checkbox"/>	M T W R F S		

Academic Advisor Notes	
_____ _____ _____ _____ _____ _____	
ADVISOR'S SIGNATURE	DATE

 STUDENT'S SIGNATURE DATE

DO NOT WRITE IN THIS AREA FOR OFFICE USE ONLY:	
DATE ENTERED: _____	INITIALS: _____

Return Bottom Portion with Payment

 First & Last Name

 Student ID #

<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover
_____/_____/_____/_____		

Expiration Date: _____	Amount Not to Exceed: \$ _____
Signature _____	