



REGISTRATION AGREEMENT FORM

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Enrollment:  FT  PT

Year: \_\_\_\_\_ Semester:  Fall  Spring Status:  Degree  Non-Degree

Table with 7 columns: DEPARTMENT, COURSE No., SECTION (e.g. 01, 02, OL01, BL01, HP01, etc.), CR, Override/Waiver (Dean/Chair signature approval), Comment/Reason. Rows 1-8 with 'Alt.' options.

SUMMER/JANUARY TERM CLASSES ONLY

Year: \_\_\_\_\_ Semester:  January  Summer Session 1  Summer Session 2

Table with 7 columns: DEPARTMENT, COURSE, SECTION, CR, Override/Waiver (Dean/Chair signature approval), Comment/Reason. Rows 1-3.

Acknowledgment

I, the undersigned student, accept sole responsibility for registering for the above courses. I understand that failure to register for these courses may impede my degree program. Further, I agree that I will be held liable for any tuition and fees incurred by such registration, whether online or in-person, in accordance with the college's policies as published in the current catalogue and as stated in MMC's Registration Financial Agreement form.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty/Academic Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director/Chair (If applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Processed by (CSS rep initials): \_\_\_\_\_ Date: \_\_\_\_\_