

All students must meet course prerequisite requirements. If prerequisites were **NOT** taken at CT State, you must provide a transcript (official or unofficial) at the time of registration.

**Student Information:**

Student ID: @\_\_\_\_\_

Name (Last, First, Middle Initial): \_\_\_\_\_

**Year:**

**Semester:**

- Fall  Summer
- Spring  Winter

**Financial Aid Recipient**

- Yes
- No

**Veterans' Benefits Recipient**

- Yes
- No

Your financial aid and/or Veterans' benefits may be affected by these adjustments to your schedule. Please make an appointment with your Financial Aid Specialist or Veterans Certifying Official prior to submitting this form.

**Added Courses:**

CRN	SUBJ & Course #	Course Title	Credits	Days	Time

**Dropped Courses:**

CRN	SUBJ & Course #	Course Title	Credits	Days	Time

**Advisor Signature (optional):** \_\_\_\_\_

**Student Enrollment Agreement:** I understand that when I register for any class at CT State Community College or receive any service from the CT State, I accept full responsibility to pay all tuition, fees, and other associated costs as a result of my course registration and/or receipt of services. I understand and accept that if I fail to pay by the scheduled due date and fail to make acceptable payment arrangements to bring my account current, CCC's may refer my delinquent account to a collection agency and the College may no longer accept direct payments. I further understand that if the CCC's refers my student account balance to a third party for collection, a collection fee may be assessed and that my delinquent account may be reported to one or more of the national credit bureaus or be subject to tax-offset. By my signature I acknowledge this statement. By my signature I also acknowledge that I have read and agree to all terms and conditions outlined in the Student Enrollment Agreement: <https://www.ct.edu/admission/tuition>.

**Certification:**

By signing the below, I affirm that I am the above-named person, and that the information presented above is true and accurate.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<p><b>For Office Use Only:</b></p> <p>Date Received: _____</p> <p>Date Entered: _____</p> <p>Entered By: _____</p>
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<p><b>Check here for special population:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> High School Partnership</li> <li><input type="radio"/> Senior Citizen Waiver</li> <li><input type="radio"/> Other _____</li> </ul>
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