Student Registration Form

Brown’s Town Community College
STUDENT REGISTRATION FORM
ACADEMIC YEAR 20____/20____ SEMESTER _____

(PLEASE PRINT CLEARLY)

A

PERSONAL & ACADEMIC INFORMATION

<table>
<thead>
<tr>
<th>Programme</th>
<th>Year</th>
<th>Status</th>
<th>Attendance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>❏ New</td>
</tr>
<tr>
<td></td>
<td></td>
<td>❏ Returning</td>
<td>❏ Full Time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>❏ Repeat</td>
<td>❏ Part-Time</td>
</tr>
</tbody>
</table>

ID#: ➔

Last Name: ➔

First Name: ➔

Middle Name: ➔

Date of Birth

Gender

Contact #

Is ALL the information given above correct?
[ ] Yes  [ ] No
If NO, please insert the correct information in the appropriate section.

Has your name and/or contact information changed since application/last registration?
[ ] Yes  [ ] No
If YES, please complete Personal Information Update Form and attach it to this Form. PIU Forms are available from the Administrative Offices.

FOR FACULTY USE ONLY

NOTES:____________________________________________
___________________________________________________
___________________________________________________

Authorized Signature __________________________ Date ________________

B

AFFIDAVIT

The undersigned:

• understands that:
  • College fees are due and payable before registration;
  • the College reserves the right to amend College rules and policies at anytime;
  • the College reserves the right to discontinue a programme/course of study at anytime, if it is undersubscribed or for any other reason that the College’s management may decide;
  • except where permission is given in writing, registration for a programme/course is void if all the prerequisites are not satisfied.

• agrees to:
  • attend only classes for which he/she is duly registered;
  • pay or make arrangements suitable to the College, to pay all applicable fees and/or charges during the student’s entire period of attendance at the College.

• declares that
  • the information given on this form is true and complete

• authorizes the College to use this and other information given to the College, for College purposes.

Student’s Signature __________________________ Date ________________

*Required for students under 18 years of age

Parent’s/Guardian’s Name __________________________ Relationship __________________________

Parent’s/Guardian’s Signature __________________________ Date ________________

FOR ADMINISTRATIVE USE ONLY

Notes: ____________________________________________

___________________________________________________

___________________________________________________

Authorized Signature __________________________ Date ________________

Received & Processed by __________________________ Date ________________

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SR03-6/2011