



**Check one:**  
 Fall 20 \_\_\_\_  
 Spring 20 \_\_\_\_  
 Summer 20 \_\_\_\_

## CREDIT REGISTRATION FORM

**PLEASE PRINT: HCC ID#** \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_  
(County)

Is this an address change?  Yes  No

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**STUDENT TYPE / CHECK ONE:**

- In-County
- Out-of-County
- Out-of-State
- ESSENCE\*
- Employee Dependent (HCC)\*
- Employee (HCC)\*
- Foreign
- MD National Guard\*
- Tuition Rate Agreement\*
- Senior Citizen (MD Resident)
- Tuition Waiver\*
- Health Manpower
- Military/Veteran\*

*\* special form required*

**SCHEDULE REQUEST (If you are Auditing, please check the Audit column):**

5 Digit Course ID Number	Course Letters	Course Number	Section Number	Course Title	Audit	Credit Hours
				<input type="checkbox"/> <b>Adding classes to your schedule</b>		
				<input type="checkbox"/> <b>Dropping classes from your schedule</b>		

Total credits \_\_\_\_\_

*I assume responsibility for the above information, registration, and/or changes. I understand that if I fail to properly drop a course by the published deadlines I will be charged accordingly. I acknowledge my responsibility for payment of the tuition and fees generated by this registration.*

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR COLLEGE PERSONNEL USE ONLY**

_____ <small>Advisor Signature Date</small>	_____ <small>Registered By Date</small>
--	--

**For one-time exception to prerequisite:**  
 \_\_\_\_\_ prerequisite met at \_\_\_\_\_  
course college/university Advisor Signature

**Prerequisite in progress at another college—hold for transcript** \_\_\_\_\_

**Reason for paper registration:**  ESSENCE  Orientation conflict  Tutorial/independent study  Reinstatement  WebAdvisor down  
 Waitlist  New student not set up on WebAdvisor  Faculty override