



1250 Turner Street, Auburn, ME 04210
 Telephone: (207)755-5292 FAX: (207) 755-5495 Web Page: http://www.cmcc.edu
COURSE REGISTRATION

Social Security No. _____ Date: _____

Name: _____
 LAST FIRST MI Birth Name

Mailing Address: _____
 STREET CITY COUNTY STATE ZIP

Telephone: (____) _____ Birthdate: _____ F M

* Major: _____ * Award: Cert. Dipl. AAS AS AA Semester: FALL SPRING SUMMER Year: _____
 e-mail address: _____

* Advisor/Dept. Chair Approval: _____ Student Signature: _____

* = **Required of Matriculated Students Only (Students Accepted in a Program of Study)**
 The Family Rights and Privacy Act of 1974 is intended to protect access and release of Student records and personal data. A Student's name, class, major and address may be released unless this box is checked.

Designator	Number	Section	Title	Credit HRS	Cost
ENG	101	01	Example-College Writing	3	\$\$\$

VISA MasterCard Discover CARD NO. _____ EXPIRATION _____

BUSINESS OFFICE USE ONLY

DATE _____ AMOUNT PAID \$ _____ RECEIPT NUMBER _____ BY _____ MAT NOM

08/2003



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