Summer 2019 REGISTRATION FORM

*All Students **MUST** meet Prerequisite & Immunization Requirements*

*If prerequisites were **NOT** taken at **HCC** then you must **PROVIDE** a transcript*

Fax: (203) 332-5251
Mail: HCC
Registrar's Office
900 Lafayette Blvd
Bridgeport, CT 06604

Admissions Application

***IS** Required before Registration*

Banner ID	Todays Date	Social Security Number
@		

Last Name	First	Middle Initial

Address (Number & Street)

City	State	Zip	Phone Number

Email Address	Date of Birth (MM-DD-YY)	Gender: M/F

CRN #	Subj	Crse	Cr	Course Title	Days (Circle) U=Sun. R=Thurs.	Time	Room
					U M T W R F S		
					U M T W R F S		
					U M T W R F S		
					U M T W R F S		
					U M T W R F S		

Payment Information

I will be making payment with: (Circle Option)

1. Financial Aid (Circle only if you have received a status letter approving your eligibility)

2. Check Check Number:_____ Amount Enclosed: $_____

3. Credit Card (Circle One) Visa Master Card Discover $_____Amount to be Charged
Note: Failure to indicate amount to be charges will result in a charge equal to the minimum amount due.

Credit Card Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ Exp. Date: ___ ___ / ___ ___
M M Y Y

PAYMENT IN FULL IS REQUIRED TO COMPLETE YOUR REGISTRATION. IF PAYMENT IS NOT MADE, YOUR REGISTRATION WILL BE ***CANCELLED***

I hereby apply for the **Summer 2019** Session. The information submitted on this application is true and correct to the best of my knowledge.
I have read and agree to the terms and conditions of the tuition refund policy as stated on the schools website. Your signature will indicate your full responsibility for accuracy of information.

Signature: Date:

Students are ultimately responsible for course selection and meeting graduation requirements.