



QCC ID # N/A

Last Name _____ First Name _____ Phone _____

Address _____
(Street) (City) (State) (Zip Code)

Name of High School _____ Year of Graduation _____

SEMESTER WHAT ARE YOUR EDUCATIONAL GOALS?

- (Registering for) QCC
- Fall QCC
 - Spring Enhance
 - Summer I Take
 - Summer
 -
- Associate Degree
 - Certificate
 - work skills, without receiving a degree
 - courses to qualify for another QCC Program of Study
 - II Completing course for interest, without receiving a degree
 - Intersession Transfer courses to another institution, without receiving a degree
 - Taking courses while considering educational options

FIRST CHOICE SELECTIONS

Course #	Sec. #	Course Title	Day & Time	Room	Instructor	Cr.
CIS 105	H	Introduction to Information Technology	Northbridge HS	123	Lacey	3

Prerequisites will be strictly adhered to. If you have taken the required prerequisite course(s) at another Institution for the above selection(s), please indicate below where the course was taken. Include copy of transcript.

Course: _____

Course _____ number _____ and _____ title: _____

Completed at: _____

PERSONAL INFORMATION: Student's Signature _____ Date _____

FAX TO: 508.854.7542 Advisor's Signature _____ Date _____

IF APPLICABLE, FULL PAYMENT IS REQUIRED WITH THIS FORM.

Payments can be made by check payable to QCC or credit card (MasterCard, Visa, Discover) over the phone at **508.854.4560**.

For returning students, payments can also be made online via *The Q* (our Student and Faculty Portal). Students are required to notify the Registrar if they do not plan to attend and want to drop their classes. **If classes are not formally dropped, students are responsible for payment.**

N/A