



QUINSIGAMOND
Community College

REGISTRATION FORM FOR CREDIT COURSES

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 <input type="checkbox"/> FallQCC <input type="checkbox"/> SpringEnhance <input type="checkbox"/> Summer Take <input type="checkbox"/> Summer <input type="checkbox"/>	<input type="checkbox"/> Associate Degree <input type="checkbox"/> Certificate <input type="checkbox"/> work skills, without receiving a degree <input type="checkbox"/> courses to qualify for another QCC Program of Study <input type="checkbox"/> IICompleting course for interest, without receiving a degree <input type="checkbox"/> InteressionTransfer courses to another institution, without receiving a degree <input type="checkbox"/> Taking courses while considering educational options
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FIRST CHOICE SELECTIONS

Course #	Sec. #	Course Title	Day & Time	Room	Instructor	Cr.
PSY 101		Introduction to Psychology	T/TH			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: _____
 N/A _____
 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.**