



# Division of Adult Higher Education REGISTRATION FORM

**PLEASE COMPLETE EACH LINE ON THE ENTIRE FORM — NEW AND RE-ENROLLING STUDENTS**

**NOTE: THIS IS AN OFFICIAL REGISTRATION FOR COURSE(S) LISTED BELOW. COURSE(S) CAN BE DROPPED ONLY BY COMPLETING AN ADD/DROP/WITHDRAWAL FORM. IN ORDER TO AVOID FINANCIAL AND ACADEMIC LIABILITY, AN ADD/DROP/WITHDRAWAL FORM MUST BE SUBMITTED PRIOR TO CLOSE OF BUSINESS ON MONDAY OF THE SECOND WEEK OF THE SESSION. FORM MUST BE COMPLETE, TYPED OR PRINTED IN INK WITH PROPER SIGNATURES.**

Have you previously taken a Columbia College Course?  No  Yes If yes list month and year \_\_\_\_\_

Legal Name, Last, First, MI (Please print)	SSN/Student ID Number
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Current Mailing Address (Is this a new address? <input type="checkbox"/> No <input type="checkbox"/> Yes)	Maiden and/or Former Names
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City	County	Home Phone
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State	Zip code	Date of Birth (Month/Day/Year)
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E-mail Address \_\_\_\_\_

Employer	Work Phone
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Ethnic Origin:  Black  Asian  American Indian  Hispanic  White  Foreign Student

Date Classes Start	Primary Campus
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Will you be attending classes during this session at more than one Columbia College campus?  Yes  No

If yes, list campuses: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**COURSE SELECTION**

Dept. Course #	Section	Course Title	Day(s)	Time

Financial Aid

GSL  
 PELL  
 2 in 1 Family Grant  
 Other: \_\_\_\_\_

Civilian

Personal Payment  
 Corporate Tuition Assistance (attach letter)

Active Duty Military

VA Benefits  
 Tuition Assistance

Veteran

VA Benefits  
 Vocational Rehabilitation

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COLLEGE OFFICIAL'S SIGNATURE

\_\_\_\_\_  
DATE