

**Office of the Registrar**  
 574 New London Turnpike  
 Norwich, CT 06360  
 Tel: (860) 215-9064 Fax: (860)215-9919  
[registrar@trcc.commnet.edu](mailto:registrar@trcc.commnet.edu)



Board of Regents for Higher Education  
**CREDIT COURSE REGISTRATION FORM**

Office use:

Semester: Fall 20 \_\_\_\_\_ Winter 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

@ \_\_\_\_\_  
 Student ID Home Phone Number Cell Phone Number

\_\_\_\_\_ Last Name First Name M.I. Date of Birth

Is this your current address? Yes  No

\_\_\_\_\_ Address City State Zip

\_\_\_\_\_ Email address

**Advisor Name** \_\_\_\_\_ **Advisor Signature** \_\_\_\_\_ **Date Advised** \_\_\_\_\_

CRN	SUBJ.	CRSE	SEC	CR	TITLE	DAYS	TIME	ADVISOR COMMENTS
						MTWRFSDL		
						MTWRFSDL		
						MTWRFSDL		
						MTWRFSDL		
						MTWRFSDL		
						MTWRFSDL		

**INSTRUCTOR OVERRIDES**

Closed Section Override		Prerequisite Override		Time Conflict Override	
CRN	Instructor Name & Signature	CRN	Instructor Name & Signature	CRN	Instructor Name & Signature

**Tuition and Fee Information:** [www.trcc.commnet.edu](http://www.trcc.commnet.edu)  
 Scroll down to bottom left and click "Tuition and Fees"

Payment Plans are available for students registered for 6 or more credits

<b>Registrar's Office Staff Initials</b>	<b>Total Credits</b>
--	----------------------

**Responsibilities of the student (Please read)**

- By signature below, I acknowledge and agree to abide by the following:
1. The computer usage policy printed on the reverse side of this registration form.
  2. To pay the nonrefundable fees associated with registration.
  3. To have read the published prerequisites of the courses for which I have registered.
  4. To comply with the refund/withdrawal policy printed on the reverse side of this registration form.
  5. To abide by the rules and regulations governing student conduct published in the General Catalog and Student Handbook.

**STUDENT SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_