

Mail/Fax Registration Form

SEMESTER OF ENROLLMENT

- Fall _____ Summer _____ Spring _____ Summer II _____

SOCIAL SECURITY/STUDENT I.D. #

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Legal Name: _____ **Telephone Number:** (____) _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

REASON FOR ENROLLING:

- Get a job (1)
- Work toward a degree (2)
- Improve skills for present job (3)
- Get a better job (4)
- Personal interest or self-improvement (5)
- Undecided (6)

EMPLOYMENT HOURS: Per week while enrolled.

- None (1) 16 - 20 (4)
- 1 - 10 (2) 21 - 30 (5)
- 11 - 15 (3) 31 or more (6)

WHAT DO YOU SEE YOURSELF DOING WITHIN THE NEXT 5 YEARS?

- Take class(es) (7154) _____ From List 1 or 3
- Get an Occupational Certificate (CCL) _____ From List 4
- Get a Community College Degree (select degree type and enter major code)
 - In General Studies (AGS) (2000) _____ From List 1
 - In an Occupational program (AAS) _____ From List 3
- Then transfer to a university (indicate degree pathway and major code)
 - AA-General Requirements (8100) _____ From List 1
 - AA-Special Requirements (8300) _____ From List 1
 - AS-General Requirements (8500) _____ From List 1
 - AS-Special Requirements (8700) _____ From List 1
 - ABUS -General Requirements (8900) _____ From List 1
 - ABUS -Special Requirements (8800) _____ From List 1
 - TPD (7152) _____ From List 2
- Complete an AGECE then transfer to a university (indicate one)
 - AGECE-A (7157) _____ From List 1
 - AGECE-B (7158) _____ From List 1
 - AGECE-S (7159) _____ From List 1
- Take some classes then transfer to a university (7152) _____ List 3
- Undecided (7142)

Registration Course Request:

- If there is a problem processing this registration, you have my permission to fax information concerning the enrollment problem to: _____
- Registration for Open Entry/Open Exit courses or courses that require an advisor or instructor's signature **will not** be accepted by fax.
- Submission of this fax does not guarantee course placement. Registration can not be completed for classes that are closed or canceled.

SUBJECT CODE	SECTION NUMBER	COURSE TITLE	INSTRUCTOR	DAYS	TIME		CR. HRS.	LIST COLLEGE OR UNIVERSITY WHERE PREREQUISITE WAS COMPLETED.
					BEGIN	END		

Alternate Courses

Total Hours:

Academic Advisement is provided to assist students in understanding information, regulations and requirements set forth by Glendale College. It is the student's responsibility to remain currently informed of all regulations and to make ultimate choices with regard to course selection. I have read and understand the advisement and registration requirements. I have read my course description and I am confident I have completed the required prerequisite(s).

Student Signature _____ Date _____

Advisor Signature _____ Date _____

Payment Information:

- Bill me at the above address.
- Charge my credit/debit card: Master Card Visa Discover American Express College Card

ACCOUNT # (_____-_____-_____-_____-_____) EXPIRATION DATE: (_____/_____/_____)

CARD HOLDER'S NAME: _____ CARD HOLDER'S SIGNATURE _____

Fax to: 623.845.3060

Mail to: Registration Office, Glendale Community College, 6000 W. Olive Avenue, Glendale, AZ 85302

Registration will be processed within 48 hours of the receipt of this form

