



STUDENT REGISTRATION FORM

Date: _____
 Semester Registering For:
 Fall Spring Summer I Summer II Summer III
 Year: _____

**Make Sure ACT/SAT Scores
 HS Transcript, and Letter
 are Attached to Form.**

For use by **HIGH SCHOOL** students only, this form must be filled out *completely* before it will be processed, **PLEASE TYPE OR PRINT NEATLY**

1. Social Security Number: _____
2. Proper Name (Last, First, Middle): _____
3. Please list all previous names under which you were enrolled: _____
4. Mailing Address: _____
 City: _____ State: _____ Zip: _____
5. West Virginia County: _____
6. West Virginia Resident: No Yes ⇒ If yes, how long? _____
7. Home Phone: (____) _____ Alternate Phone (____) _____
8. E-Mail Address: _____
9. Ethnic Group: American Indian or Alaskan Black White Hispanic Asian or Pacific Islander
(This question is optional. The college asks for this information to allow it to submit statically data to the federal and state government on a regular basis. You eligibility will not be impaired if you choose not to answer this question)
10. Birthdate: _____
11. Gender: : Male Female
12. Are you a US Citizen? : No Yes ⇒ If not what is your Visa status? _____
13. Name of High School/GED: _____
14. City and State of High School/GED: _____
15. Graduation Year/GED Year: _____
16. Do you plan to work on a degree at CTC: No Yes ⇒ List Degree: _____

COURSE REGISTRATION

Please complete all blocks for each course desired

CRN	Subject	Course #	Section	Day	Time	Course Title	Credit Hrs	Audit
Total								

Signature: _____ Date: _____

Directory information may be released on enrolled students unless the student requests in writing to withhold this information