

Registrar - 1250 Turner Street - Auburn, ME 04210 *Telephone*: (207)755-5292 *Fax*: (207) 755-5495 *Email*: registrar@cmcc.edu *Web*: www.cmcc.edu

NON-MATRICULATED STUDENT REGISTRATION FORM

| Name: | | | | | | |
|---------------------------------|--------------------------------|--------------------------------|---------------------------------|--|---|---|
| (First) Legal/Permanen | t Mailing Add | | (Middle) | | (Last) | (Birth/Maiden Name) |
| (Street/PO Box) | | (Apt | t/Unit) | (City) | (State) | (Zip) |
| Phone: (|) | | □ Cell | E-mail Address: _ | | |
| Gender: □M □ | F □Prefer not | to say SS | N: | | Birthdate: | |
| | | - | | | · · · · · · · · · · · · · · · · · · · | - such as name, class, major, e FERPA consent/release form.) |
| I have been a full-ting | ne/legal resident o | of Maine (other th | an being a student) | since: | | |
| I am a U.S. citizen | YESNO | (Proof of Maine | e/ US Residency req | uired to qualify for in-stat | e tuition rates.) | |
| Today's date: | | | Course Year: | Semester: [| □FALL □SPRING | □SUMMER □WINTER |
| Designator Number Section | | | | Title | | |
| ENG | 101 01 | | | Example-College Writing | | |
| Livo | 101 | | | Zxumpre | - Conege Winning | |
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| location course with this form. | es require pro Incomplete 1 | of of full Co registrations | vid vaccination will not be acc | n form and suppor a status, including a epted or held. Doca ages, cloud sharing | applicable booster uments submitted | via email must be |
| submitted with Accuplacer sco | this form. A pres, printed of | cceptable do email commu | cuments may i inication with | nts and/or written include: unofficial of the instructor, etc. Ind grade/score info | college transcripts Documents must d | |
| | monitoring (| | _ | _ | | railable. Students are seats. Details will be |
| | | | | ayment. Failure to new registration r | | payment when due bmitted. |
| | after registra | _ | | • | • | eir assigned CMCC the address above |
| Office use: | Processed | | | | CMCC ID | |