



# READING AREA COMMUNITY COLLEGE REGISTRATION FOR CREDIT COURSES

(PLEASE USE BLUE OR BLACK INK PEN ONLY)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Social Security Number                      Student ID Number                      Date

PRINT: Last Name                      First Name                      MI

\_\_\_\_\_/\_\_\_\_\_  
 Year (i.e. 2008 FA)                      Semester

**COURSE SELECTIONS ARE ENTERED BY THE COURSE #.  
 BE SURE YOU HAVE THE CORRECT NUMBER WRITTEN ON THIS CARD.**

COURSE #	# OF CREDITS	DAY	TIME	- OFFICIAL USE ONLY -				AUTHORIZED SIGNATURE
				3X	PREREQ WAIVER	PREREQ OTHER	PETITION	
_____ - _____ - _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____ - _____ - _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____ - _____ - _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____ - _____ - _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____ - _____ - _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____ - _____ - _____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>TOTAL CREDITS</b> _____				( <input type="checkbox"/> ok for semester overload)				

### ***NOTICE OF FINANCIAL RESPONSIBILITY***

- ❶ I have reviewed the prerequisites for the above listed courses in the appropriate college catalog and, therefore, assume all responsibility for my course selection.
- ❷ Any changes in this registration form must be made official by completing a change of schedule or withdrawal form.
- ❸ Furthermore, I understand that, in accordance with policies of the Board of Trustees, I may be administratively withdrawn from the college and/or forego such benefits as transcripts and diplomas if tuition charges, fees and any other financial obligations are not fulfilled in an agreed upon manner. I acknowledge my financial responsibility even though I may receive financial aid or other educational assistance to discharge this obligation. I agree to pay all costs and charges necessary for the collection of any amount not paid when due. I also agree to pay all attorney's fees and/or legal fees and court costs.

STUDENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

ADVISOR SIGNATURE/SELF ADVISED: \_\_\_\_\_

DATE: \_\_\_\_\_