Anne Arundel Community College • 101 College Pkwy • Arnold, MD 21012-1895 • www.aacc.edu

Records and Registration office / Vickie Fromm / 410-777-2249 / vlfromm@aacc.edu / **fax 410-777-4109**

COURSE REGISTRATION FORM FOR CCAF / GEM STUDENTS

_____   **TERM:** ☐ FALL   ☐ WINTER   ☐ SPRING   ☐ SUMMER   **YEAR:** _____

Student ID# or SSN

_____   _____   _____

Last Name   **First Name**   **Middle Initial**

_____   _____   _____ _____ _____

Street Address   **City**   **County**   **State**   **Zip Code**

_____   _____   _____

Phone   ☐ Home ☐ Business ☐ Cell   **Phone**   ☐ Home ☐ Business ☐ Cell   **E-mail address**

Action: Register, Add, Drop, Withdraw, Audit	Depart-ment	Course Number	Section Number	Title	Credit Hours	Start Date	Days of Week	Time	Location
Register	ENG	111	010	Sample Course	3	8/28	MWF	9-9:50 am	HUM 116

PAYMENT INFORMATION

Select one:
☐ My Tuition Assistance form is attached
☐ I will send my Tuition Assistance form soon
☐ Charge my: ☐AM.EX. ☐MC ☐VISA ☐DISCOVER

Acct # _____

Expiration Date _____

_____
Cardholder Signature/Date

➢ **FAX COMPLETED FORM AND TUITION ASSISTANCE FORM TO 410-777-4109** ◄

I request the course(s) indicated above. By my signature, I acknowledge my responsibility for payment of the tuition and fees generated by this registration. I understand that I am responsible for the course(s) selected and understand how they apply toward my educational goal.

_____

Student's Signature (required)   **Date**

_____

Adviser's Signature   **Date**

An equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-2306 or Maryland Relay 711, 72 hours in advance or e-mail dss@aacc.edu to request special accommodations. For information regarding Anne Arundel Community College's compliance and complaints concerning discrimination or harassment, call Karen L. Cook, Esq., AACC's federal compliance manager, at 410-777-7370 or Maryland Relay 711.

REV. 5/09