



CREDIT REGISTRATION

Student ID# _____ Social Security # XXX XX Semester _____ Year _____

Name _____ Birth Date _____

Last
First
M. I.
prior name

Address _____ Primary Phone # (____) _____

Street
City
State
Zip

Major _____ Last Semester Attended _____ Cell Phone # (____) _____

STUDENT CLASS SCHEDULE (to be completed by student)

Course Number	Section Number	Course Title	Meeting Days and Times					Check if Auditing *	Number of Credits
			M	T	W	R	F		
Total Credits									

** If you are auditing a course (no grade to be assigned), place a checkmark in the "Check if Auditing" column. You may add a course with an audit status during the first week of class only.*

- ◆ It is the responsibility of the student to confirm that the completed form was received by the Records Office and that the requested changes were processed. [Access your revised bill and updated schedule information on MyNCC](#). Refer to the Academic Calendar for Tuition Due Date and Refund deadlines.
- ◆ Students who wish to withdraw from either a course or the College must receive official authorization from the Records Office. Failure to withdraw officially may result in the recording of an F grade. A student who is asked to leave the College for misconduct or delinquent attendance will receive no refund of tuition or fees.

In consideration of this registration and enrollment in Northampton Community College, I, the undersigned student (or parent/guardian of minor child), do hereby agree to assume and pay any and all costs and charges including collection costs and attorney fees for delinquent accounts.

Student Signature _____ Advisor Signature _____ Date _____ Records Initials _____
required for full time student

Revised 5/2018