LATE COURSE REGISTRATION

Registrar's Office, Davidson Hall, Room 116
Phone (860) 832-2236, Fax (860) 832-2250

Name: _____ Student ID#: _____ Term / Year: _____

NEW STUDENTS ONLY:

Street Address: _____ Apartment #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cellular Phone: _____ Email: _____

Date of Birth: _____ Social Security Number (optional):_____

SEX: ☐ Male ☐ Female US CITIZEN : ☐ Y ☐ N STATUS: ☐ Graduate (previously obtained a Bachelor's Degree or higher) ☐ Undergraduate

Are you or have you been a member of the U.S. Military? ☐ Y ☐ N

RACE: THIS INFORMATION IS REQUESTED FOR STATISTICAL PURPOSES ONLY; RESPONSE IS OPTIONAL.

What is your ethnicity? (check one) ☐ Hispanic or Latino ☐ Not Hispanic or Latino

What is your race? (mark one or more races to indicate what you consider yourself to be)

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White

COURSE INFORMATION

CRN	Department & Course Number	Section/Session	Title	Credits

I understand that registering for classes at Central Connecticut State University generates charges that I am legally obligated to pay in accordance with University payment deadlines and/or formal withdrawal policies. I also understand that any unpaid financial obligation may be referred to the University's contracted collection agency and that I will be responsible for any related collection costs in addition to the amount due.

STUDENT'S SIGNATURE: _____ DATE: _____

REQUIRED SIGNATURES:

Course Instructor: _____ _____ Recommend Approval ☐
Name Signature and Date Approval Not Recommended ☐

Chair of Department offering course or Chair's official designee*: _____ _____
Name Signature and Date

***Any prerequisites or other course restrictions, including capacity, are waived for this student to allow for late registration unless otherwise noted by the Department Chair in the space below.

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