

Fax to (860) 832-2250

REGISTRATION FORM



NAME: Last _____

Banner ID Number (currently / previously attended CCSU): _____
OR

Social Security Number (new students only): _____

Last Name _____ First Name _____ M.I. _____

Street Address _____ Apt.# _____

City _____ State _____ Zip _____

Check if new address and/or phone number

Home phone _____ Cellular phone _____

Date of Birth: _____ | _____ | _____ Status: Graduate (Bachelor's Degree or higher) Undergraduate
month day year

Sex: Male Female US Citizen: Y N

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

EDUCATIONAL LEVEL TO DATE:

- Less than High School Diploma or equivalent High School Diploma or equivalent
- Certificate program — 1 year A.S. Degree Bachelor's Degree
- Master's Degree Advanced Awards, ex. 6th year
- Doctoral Degree First Professional Degree, i.e. Law, Medicine, etc.

High School Attended: _____

Last College Attended: _____ State: _____

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

First _____

M.I. _____

REGISTER ME FOR THE FOLLOWING COURSE(S):

CRN	Dept. & Crse #	Section/Session	Day & Time	Credit
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ALTERNATE PIN NUMBER:

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Required for all students for Fall or Spring registration except:

- Newly admitted graduate students
- Graduate students with an approved planned program
- Non-matriculated students

Your alternate PIN is obtained from your advisor.

BILLING AND PAYMENT INFORMATION

CCSU offers the convenience of online payment by logging directly into WebCentral - Banner Web using your BlueNet ID and password. **IMPORTANT: Paper bills are not sent.**

To create a **BlueNet ID** and **CCSU email** or to reset your password visit <https://webapps.ccsu.edu/accounts/>.

For detailed **Billing Information** and current **Tuition and Fees**, please visit: www.ccsu.edu/bursar

ACKNOWLEDGEMENT OF CHARGES AND CONSENT TO PAY

I understand that registering for classes at Central Connecticut State University will generate 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 SIGNATURE _____

DATE _____