

PLEASE PRINT IN INK PASCO-HERRNANDO COMMUNITY COLLEGE - REGISTRATION FORM

Student ID No. _____

Last Name _____

First Name _____

Middle Name _____

DATE: _____ Have you applied for financial aid? Yes _____ No _____

Financial Aid Students should contact the Financial Aid Office for further assistance payment of tuition and/or fees.

Have you applied for Veteran's Benefits? Yes _____ No _____

Are you a top 10% H.S. graduate? Yes _____ No _____

YEAR/TERM _____

Program Declaration A.A. (major: _____) A.S. (major: _____) Certificate (major: _____) Are you changing your major this term? Yes _____ No _____
 If an AA student, please identify your transfer plans: college or university: _____ major: _____ Are you a dual enrollment student? Yes _____ No _____

SECTION NUMBER	COURSE LETTERS AND NUMBERS	COURSE TITLE	CR HR	MEETING DATES/TIMES	AUDIT	COURSE CHANGES			ADVISOR AREA INITIAL
						ADD	DROP	OVERRIDE	

The College does not process phone requests to add, drop or withdraw from a course. Students should personally visit any Student Services office to complete those activities. Students receiving financial aid should be aware that dropping or withdrawing from a class may affect their financial aid eligibility and place them into an overpayment status. After the add/drop period each term, financial aid students should first contact the Financial Aid office before processing a change to their schedule.

PLEASE KEEP YOUR COPY OF THIS FORM AS CONFIRMATION OF YOUR REGISTRATION

READMISSION: Students enrolled previously at PHCC who have not attended PHCC for one full year or more MUST complete a free readmission application to update their records before they can register.

Student Name: _____
 Student ID No.: _____
 Phone Number: (Home) (_____) _____
 (Work) (_____) _____

Payment Method:
 Personal Check (Chk. # _____)
 Credit Card (check one) VISA MasterCard Money Order
 (PHCC does not accept any other credit cards at this time.)

Credit Card Number: _____
 Card Expiration Date: _____
 Signature of Credit Card Owner: _____
 (The owner of the credit card must sign this section or the credit card payment will not be accepted)
 Date Received: _____ Initial Mail: _____
 Cashier: _____ Date: _____

Only if you are paying your fees by mail, tear off and enclose the top copy of this form with your payment. (See the reverse side for mail-in procedures.)

Fee Amount Due

Term _____
 Total Fees Due \$ _____

Payment Dates

Total Fees Are Due By _____
 Last Day To Drop With A Refund: _____
 Students who do not pay their fees by the required deadline will be disenrolled (dropped) from their classes. A late fee (\$20) will apply to all students who register during the add/drop period.
 Student Signature _____