INITIAL REGISTRATION FORM

FIVE TOWNS COLLEGE

☐ CONTINUING ☐ NEW ☐ RE-ADM ☐ NDS/HS

FALL
SPRING
SUMMER SESSION
J-TERM

LAST NAME _____ FIRST NAME _____

FTC ID # | | | | | | |

ADDRESS _____ ☐ UPDATE YOUR ADDRESS? CITY _____ STATE _____ ZIP _____ CELL # - *OK TO TEXT?* ☐ PROVIDER: _____

PROGRAM: _____ CONCENTRATION: _____ ☐ UNDERGRAD ☐ GRAD/DOC

COURSE DEPT. #	SECT.	TITLE	CR	DAY(S)	TIME(S)	ADD'L APPROVAL, IF REQUIRED	AU?
		TOTAL CREDITS	0				

STUDENT SIGNATURE _____ DATE _____ ADVISOR SIGNATURE _____ DATE _____

Be sure to "SAVE AS" and Digitally Store this Form