

Southern Maine Community College Registration Form

PLEASE PRINT.

Email completed form to: Peggy Fleury, pfleury@smccME.edu

OR Mail: SMCC, 2 Fort Road, South Portland, ME 04106.

Fax: 741.5631

Unsigned forms will not be processed. Any questions should be directed to 741.5758.

SMCC ID # _____ TODAY'S DATE _____

LAST NAME _____ FIRST _____ MIDDLE _____

BIRTH/OTHER NAME _____ EMAIL _____

CELL PHONE _____ HOME PHONE _____

MAILING ADDRESS _____ STATE _____ ZIP _____

CITY _____ SOCIAL SECURITY # _____

COUNTY _____

GENDER* MALE FEMALE

BIRTH DATE* _____
Minor release form required for students under 18 years of age.

ETHNIC GROUP* (CHOOSE ONE) HISPANIC/LATINO NOT HISPANIC/LATINO

RACE* (Choose all that apply)

- AMERICAN INDIAN OR ALASKA NATIVE
- BLACK OR AFRICAN AMERICAN
- WHITE
- NATIVE HAWAIIAN OR PACIFIC ISLANDER
- ASIAN

*Optional – This information is for reporting purposes only.

- YOUR REASON FOR ENROLLING:
- PERSONAL ENRICHMENT
 - SKILLS FOR EMPLOYMENT
 - DEGREE OR CERTIFICATE
 - TRANSFER TO ANOTHER COLLEGE
 - OTHER

I HAVE BEEN A RESIDENT OF MAINE SINCE _____ (for non-educational purposes)

ARE YOU A U.S. CITIZEN? YES NO

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED? YES NO

REGISTRATION YEAR _____ TERM FALL SPRING SUMMER

COURSE CODE	COURSE NUMBER	COURSE SECTION	COURSE TITLE	CREDITS	OFFICIAL USE
				NC	

CREDIT CARD: MC VISA DISCOVER NUMBER: _____ - _____ - _____ - _____ EXP.: _____
3-digit security code on back of card: _____

PO # _____

Company name : _____

Company address: _____

SIGNATURE: _____ DATE: _____

Refund policy for all non-credit courses: To receive a full refund a student must cancel their enrollment 3 business days prior to the start date of the class. There is no partial refund. If a class is cancelled by SMCC for any reason, a full refund will be paid to the student