



Registration Form

1000 Viking Drive • Hillsboro, Missouri 63050 • (636) 797-3000/481-3000
 FAX (636) 789-5103 • TDD (636) 789-5772

Term: Summer Fall Spring Date of Birth _____

Name: (Last, First, Middle): _____

Previous Name(s): _____

Mailing Address (Street): _____

(City, State, Zip): _____

Telephone (Home): _____ (Cell): _____

County: _____

Are you a new student at Jefferson College? Yes No If no, please list your last term enrolled: _____

Jefferson College Degree Intent: Associate of Arts Associate of Applied Science
 Associate of Arts in Teaching Career-Technical Certificate
 Associate of Science Not Degree Seeking

Major Area of Study: _____

Do you expect to graduate at the end of this semester? Yes No

CRN	Subject/ Course No.	Sect. No.	Course Title	Time/Days	Credits

Student Signature: _____ Date: _____ Total Credits: _____

Advising Type: Advisor Signature: _____ Date: _____

I elect to self-advise and accept full responsibility for my selection of courses.

Student Initials: _____