



# Registration Form

1000 Viking Drive ♦ Hillsboro, MO 63050 ♦ (636) 797-3000/481-3000

FAX (636) 789-5103 ♦ TDD (636) 789-5772

Student #: V \_\_\_\_\_

TERM:  Summer \_\_\_\_\_  Fall \_\_\_\_\_  Spring \_\_\_\_\_  
(year) (year) (year)

Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ 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:  
(Check one)

- Associate of Arts (AA)
- Associate of Arts in Teaching (AAT)
- Associate of Science (AS)
- Associate of Applied Science (AAS)
- Associate of Fine Arts (AFA)
- Career-Technical Certificate
- Not Degree Seeking

Major Area of Study: \_\_\_\_\_

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

CRN #	Subject/ Course #	Section #	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:* \_\_\_\_\_