

Registrar - 1250 Turner Street - Auburn, ME 04210 *Telephone*: (207)755-5292 *Fax*: (207) 755-5495 *Email*: registrar@cmcc.edu *Web*: www.cmcc.edu

NON-MATRICULATED STUDENT REGISTRATION FORM

Name:							
(First)		(Middle)		(Last)	(Birth	/Maiden Name)
Mailing Address	s:						
		(Street/PO Box)	(Apt/Unit)		(City)	(State)	(Zip)
Phone: ()		□ Cell	E-mail Address:			
Gender: □M □	F □Prefer no	ot to say SS	N:		Birthdate:		
	-			f student records and person information requires the stud	•		
Today's date:			Course Year:	Semester:	□FALL □SPR	ING □SUMMER	□WINTER
Designator	Number	Section			Title		
ENG	101	01	Example-College Writing				
location course with this form, sent as ".pdf" a For courses wi submitted with Accuplacer seconame, issuing a life a desired course responsible will be provide CMCC's Busin	es require pro Incomplete attachment of the prerequisi a this form. A pres, printed organization urse is full, se e for monitored as needed ness Office v	oof of full Corregistrations only; please not ites, evidence acceptable does mail commut, and complet tudents are wring CMCC acceptable.	wid vaccination will not be accommod be accommented in the course of the	on form and support status, including the peted or held. Documents and/or nelude: unofficial the instructor, etc. and grade/score infections intered for an equipart of the instructor of the instructor.	applicable becuments submag, or alternative written instructed transportation. Valent section and to accept	coosters to be substitted via email ave file types. ctor permission cripts, SAT scornust display the file types in (if available).	must be must be res, student's Students Details
from courses.	If dropped, a	new registrat	ion request m	ust be submitted.	-		
	after registr			ent by CMCC and formation will be r			
Office use:	Processed				CMCC ID		