

Registration Form

Northwestern CT Community College
One Stop Enrollment Center , Park Place East,
Winsted, CT 06098

Fax: 860-738-6413 Email questions to Bkratzer@nwcc.commnet.edu

Student ID @ _____ Social Security No. _____ - _____ - _____ Date of Birth _____

Last Name _____ First Name _____ Maiden/Middle name _____

Mailing Address (number & street) _____

City, State, Zip _____ Home Phone _____

Email _____

Fall 2023 Courses

X	CRN	Subject	Course Number	Title	Day	Start Time	End Time	Start Date	End Date	Building
_____	81078	SPIN*	0154	Museum Treasures	Friday	1:00 PM	4:00 PM	9/8/2023 10/6/2023	9/29/2023 10/6/2023	FH Auditorium Bus Trip
_____	10768	HPE*	1061	Yoga	Tuesday	5:30 PM	7:10 PM	8/29/2023	12/4/2023	GW 128
_____	17127	HPE*	1061	Yoga	Monday	11:00 AM	12:40 PM	9/11/2023	12/18/2023	GW 128
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

- If a class you want to take is not listed, please write the information in spaces provided.
- Put an X next to the class you want to register for.

- Do you want to receive a grade for this class? **Yes** or **No** (circle one)

****I understand that once I change my registration status to audit (no grade wanted), I cannot request to change back to credit status****

Student Signature _____ Date _____

Registrar's Approval _____ Date _____ Waiver Applied _____ SC _____ Total Credits _____