

Registration Form

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

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

Student ID @ _____ Date of Birth _____ Phone Number _____

Last Name _____ First Name _____ Maiden/Middle name _____

Mailing Address (number & street) _____

City, State, Zip _____ Email _____

Spring 2024 Courses

X	CRN	Subject	Course Number	Title	Day	Start Time	End Time	Start Date	End Date	Building
				Museum Treasures: Klimt Landscapes	Friday	1:00 PM	4:00 PM	4/5/2024 5/3/2024	4/26/2024 5/3/2024	FH Auditorium Bus Trip
	81910	SPIN	0154							
	45263	HPE	1061	Yoga	Tuesday	5:30 PM	6:30 PM	2/2/2024	4/26/2024	LRON

- 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 _____