



Social Security No: _____

E-Mail Address: _____

Name: _____
Last First MI

Birthdate: _____ Advisor: _____

Local Address: _____ Phone: _____

Permanent Address: _____ Phone: _____

Degree Intentions: General & Transfer (AA/AS/AGS) ___ Vocational (AAS) ___ Cert ___ Major _____ Non-Degree: _____

Course Number	Section	Course Title	Grade Type (LG, P/F, Audit)	Credits	INITIAL To Refuse COF

By the act of registration, a student automatically incurs a financial obligation to CNCC. I understand and agree to the tuition payment/refund policy of CNCC (copy will be provided upon request). I also understand that to drop, add, or withdraw from a class, I must complete a Drop/Add Form and file it with the Admissions and Records Office/Center Office.

Your Signature releases all applicable funds from the Colorado Opportunity Fund (COF) for you to receive the Tuition Discount if you are an eligible in-state resident.

_____/_____
Student's Signature Date

_____/_____
Advisor's/Center Director's Signature Date