

Entered in CCSIS: _____

Date: _____

Fax and Mail Registration Form***

Student Name _____ Semester _____

Social Security No. _____ Major _____

Address _____ Phone _____

City _____ State _____ Zip _____

A+ Program: ____ Yes ____ No (if Yes, enroll in 12+ hrs for fall and spring; 6+ hrs in summer)

Student Must Complete in Full:

Line No.	Course Title and Number	Hrs	Days	Time
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Alternate courses in the event requested courses are full: (optional)

	Line No.	Course Title and Number	Hrs	Days	Time
1st choice					
2nd choice					

Student Signature _____ **Date:** _____

1. Complete form entirely by entering name, social number, registering semester, address etc.
2. Consult the class schedule. Enter the line number, course title, number etc.
3. If mailing this form, return to the Admissions Office, Crowder College, 601 Laclede, Neosho, MO 64850.
4. If faxing this form, fax to 417-455-5696. A copy of a photo id must accompany the request or it cannot be processed. Please allow a full workday, upon receipt, for processing.
5. Upon processing of this registration form, a confirmation of classes with fees owed will be mailed to you.

***Students cannot register by fax or mail unless they have a current application on file, do not have any additional holds on their account, or if this is your first college semester.

If you have any further questions, you can contact us directly at 417-455-5718 or 1-866-238-7788