

PRINT LAST NAME

PRINT FIRST NAME

COLLEGE OF THE ATLANTIC HANCOCK COUNTY SPECIAL STUDENT OFFICIAL REGISTRATION FORM

Due in Registrar's Office by Add/Drop deadline

Course Code	Course Title	Instructor	Days/Times	No. of Credits	Lab Fees	Permission/Signature (●Required●)	Letter Grade?
							Y/N
							Y/N
							Y/N

Please Print Clearly

Total Credits: _____ (must not exceed 3 credits)

Student's Signature

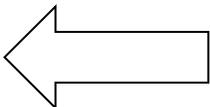
Date

Business Office Signature

Date

NOTE: There are no course refunds for charges incurred by Hancock County students.

The official College of the Atlantic Refund Policy is stated in the current College Catalog.



Please complete **ADDRESS FORM** on reverse side.

COLLEGE OF THE ATLANTIC

Student Address Form

Please **PRINT CLEARLY** completing all blanks

Last Name: _____ First Name: _____

Social Security Number: _____ - _____ - _____

LOCAL ADDRESS – Where you will be living during the term.
(*"I do not know"* if your plans are not firm)

Dorm and Section, or Street: _____
DO NOT USE 105 Eden Street

City or Town: _____ State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ e-mail: _____

PERMANENT ADDRESS

Street or P.O. Box Number: _____

City or Town: _____ State: _____ Zip Code: _____

Telephone: _____ - _____ - _____ e-mail: _____