ANOKA TECHNICAL COLLEGE *REGISTRATION* FORM

Student Name _____ _____
Last First MI Student ID# / SS#

Address _____ **New Address?** ☐
Street Apt #

_____ (____)_____ (____)_____
City State Zip Code Home Phone Work Phone

Term: ☐ Fall ☐ Spring ☐ Summer Year _____ Program Name _____

Course #	**Course I.D.**	Course Title	Start Date	# Credits
Application Fee:		Visa/MC		Exp. Date:

Student's Signature _____ Date _____

Program Advisor's Signature _____ Date _____

White/**Registration** Yellow/**Student** Pink/**Instructor** Revised 10/07