



ROCKY
MOUNTAIN
COLLEGE

Class Registration Form
Office of Student Records

Registration for _____ Semester 20__

Student Information

Name _____ Home Ph: _____ Cell Ph: _____
Address _____
City/State/Zip _____
Email address _____
Birthdate _____
Social Security Number _____
Anticipated Degree Date _____
Hometown _____
Religious Affiliation (optional) _____
Ethnic origin (for federal reports, circle one)
1. African American 2. Native American/Alaskan American 3. Asian/Pacific Islander
4. Hispanic 5. White/Non-Hispanic Caucasian 6. Non-Immigrant Alien

Class Schedule

Dept./Course No./Section	Course Title	Credits	Time

Major/Minor

Students entering their junior year should declare major and minor programs at this time.
Major _____ Minor _____ Catalog Years _____

Advisor's Signature

Your advisor is here to help you. Please talk with your advisor and obtain his/her signature before submitting this form to the Student Records Office. Please remember that ultimate responsibility in completing all degree requirements lies with you!

Advisor's Signature _____

Fee payment arrangements must be complete by the first day of class.