

FKCC COURSE REQUEST FORM
COMPLETED FORM REQUIRED TO BE ADMITTED TO REGISTRATION
ALL FEES MUST BE PAID AT THE TIME OF REGISTRATION

FOR OFFICE USE ONLY
 PROBATION _____
 ACADEMIC
 WARNING _____

Name _____	Student I.D. Number								
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:12.5%; height: 20px;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>								

New Student _____ OR Returning Student _____ (check one)

Program Code-listed on the back of this form _____
 If you plan to or are receiving financial aid, you must declare a degree program _____
 Degree seeking students need their advisor's signature in order to register

FKCC is now collecting email addresses to better enable faculty to communicate with their students. Please enter your email address below:

STUDENT INFORMATION (COMPLETE IN FULL)

Do you object to the college releasing directory information concerning you? (i.e. mailing lists) Yes _____ No _____

Do you expect to receive VA Education benefits this term? Yes _____ No _____

Do you expect to receive Military tuition assistance this term? Yes _____ No _____

Are you currently enrolled at any other school besides FKCC? Yes _____ No _____ If yes, what school? _____

If still in high school, are you receiving credit toward your high school graduation? Yes _____ No _____

ENGLISH AS A SECOND LANGUAGE

1. Are you a student who WAS BORN in the U.S. whose native language is not English, OR whose family communicates more in another language than English?
 Yes _____ No _____

2. Are you a student NOT born in the U.S. and English is your second language, and your English limitations have had a negative impact on your success in college courses?
 Yes _____ No _____

LIST COURSES YOU PLAN TO TAKE BELOW
 If you are taking a course as an audit student, indicate that by putting an "X" in the credits box.

COURSES

Subject	Course	CRN	Credits	Title	Days	Time			
Total Credits									

Advisor's initials (as needed)

<p align="center">_____ Advisor's Signature Date</p> <p>Degree seeking students need their advisor's signature in order to register.</p>	<p align="center">_____ Student's Signature Date</p>
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