

KVCC | KENNEBEC VALLEY COMMUNITY COLLEGE

92 Western Avenue
Fairfield, Maine 04937

REGISTRATION - ADD/DROP FORM
Phone: 207-453-5119 or 207-453-5134
Fax: 207-453-5010

Phone: 1-800-528-5882 ext. 5119
Phone: 1-800-528-5882 ext. 5134

Year: _____ Semester: Fall Spring Summer Student ID#: _____

Last Name: _____ First: _____ Middle: _____
(Please enter full last, first and middle name)

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ E-Mail Address: _____

Home Phone: _____ Mobile Phone: _____

Off-Site Location: _____ Social Security #: _____ - _____ - _____

Are you a Maine Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Have you attended KVCC before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnicity: (Optional)	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			
Race: (Optional)	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			

If you are making changes to your original registration and have financial aid, be sure to contact the Financial Aid Office.

REG	ADD	DROP	COURSE NUMBER	SEC NO	COURSE TITLE	CR HRS
X					Forensic Phlebotomy	

Advisor Signature: _____ Date: _____

Registration IS NOT complete until financial arrangements have been made with the Cashier's Office.

Student Signature: _____ Date: _____

OFFICE USE ONLY	
Credit Card: <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Discover _____	Exp. Date: ____/____
Sponsor Name: _____	PO#: _____
Address: _____	
Contact: _____	Phone: _____