



Registration Form

Student Full Legal Name (Please Print): _____

Germanna Student ID Number: _____

Preferred Phone Number: _____

Current Term (Fall, Spring, or Summer): _____

Current Year: _____

ADD	Drop	5-Digit Class Number	Course Name and Section	Credits

I am receiving GI Bill® benefits.

I understand that any changes to my enrollment must be reported to the GCC Military & Veteran Services Office and that failure to report a schedule change may result in over or underpayment of GI Bill® benefits.

I am receiving Financial Aid.

I understand that any changes to my enrollment may have an impact on my financial aid and that it is strongly encouraged to discuss the potential impact with a Financial Aid representative.

I understand that I am responsible for satisfying all placement testing, prerequisite, and/or co-requisites requirements; and that I must pay for the class(es) by the appropriate deadline to complete the registration process.

Student's Name (Please Print): _____

Student's Signature: _____

Date: _____

Office Use Only

Person who entered enrollment in SIS: _____

Date of enrollment: _____