



SUMMER MUSIC INSTITUTE 2010

SEND REGISTRATION FORM TO:
REGISTRAR
CENTRAL CONNECTICUT STATE UNIVERSITY
NEW BRITAIN, CONNECTICUT 06050-4010

REGISTRAR'S FAX: (860) 832-2250

NEW STUDENTS - SSN: _____ Date of birth: _____

CONTINUING STUDENTS - Banner ID Number: _____

NAME: _____
LAST FIRST M.I.

ADDRESS: _____
NUMBER & STREET APT #

CITY/TOWN STATE ZIP

PHONE: _____
HOME WORK

EMAIL (for confirmation of registration): _____

PLEASE

- PRINT AND USE PEN
- DO NOT MAIL CASH
- MAKE CHECKS PAYABLE TO
CCSU
- RECORD S.S.# OR BANNER ID
ON CHECK

I WOULD LIKE TO REGISTER FOR THE FOLLOWING COURSES

CODE NO.	DEPT. & CSE. NO.	SEC. NO.	COURSE TITLE	CREDIT	DAY & TIME	TUITION
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Has name or address changed since last registration?

Yes No

EDUCATIONAL STATUS

Graduate
(Bachelor's Degree or Higher)

Undergraduate
(Less than Bachelor's Degree)

*REGISTRATION FEE (NON REFUNDABLE) 62.00

*Please note: All fees are subject to change.

TOTAL ENCLOSED \$ _____

PAYMENT INFORMATION

NAME: _____ STUDENT ID # _____

Method of Payment

Check Money Order Visa MasterCard Discover Card

Credit Card Authorization: Card Number _____ Expiration Date ____/____ Zip Code _____

Print name as it appears on card _____ Signature of Card Holder _____