

SMCC/MFSI Registration Form

SMCC ID#		тс	DAY'S DATE			
LAST NAME			RST	MIDDLE		
BIRTH/OTHER NAME			_E-MAIL			
CELL PHONE			OME PHONE			
MAILING ADDR	ESS					
CITY			ATE	ZIP		
COUNTY		SC	_SOCIAL SECURITY # (last 4 digits)			
GENDER* FEMALE MALE			BIRTHDATE*			
ETHNIC GROUP* (CHOOSE ONE)			LATINO		ANIC/LATING	C
RACE* (CHOOSE ALL THAT APPLY)	BLACK OR A	INDIAN OR ALASKA NAT AFRICAN AMERICAN WAIIAN OR OTHER PAC		ASIAN WHITE		
*OPTIONAL – THIS IN	IFORMATION IS	JSED FOR REPORTING PURPOSES	5 ONLY			
YOUR REASON	-	ING DEGREE O				
I HAVE BEEN A	RESIDENT O	F MAINE SINCE	DNTH/YEAR	(for non-e	educational	purposes)
ARE YOU A U.S.	CITIZEN?	YES NO PROOF OF	MAINE/US RESIDENCY R	EQUIRED TO QUAL	IFY FOR IN-STAT	ETUITION
DO YOU HAVE	A HIGH SCH	DOL DIPLOMAOR GED?	YES NC)		
REGISTRATION YEAR TE			FALL	SPRING		SUMMER
COURSE COURS CODE NUMBE		COUR	SE TITLE	CREDITS	A AUDIT R REPEAT	OFFICIAL USE
				I		

STUDENT SIGNATURE

Southern Maine Community College is an equal-opportunity institution and employer. If you have a disability and wish to request accommodations, please contact the Director of Disability Services, Heather Jackson, at 207-741-5923 or via email at hjackson@smccme.edu. Appointments are available by Zoom and in person on both the Brunswick and South Portland campuses. Walk-in appointments are welcome. Documentation of your disability is required, but please do not let the absence of documentation prevent you from seeking accommodation.