

Enrollment & Student Services

One College Drive Calais, ME 04619

207-454-1013

Instate: 800-210-6932 Fax: 207-454-1018

Current Student Registration Form

Last Name:	First Name:		M.I.:	
Mailing Address:	City:	State: 2	Zip:	
Phone Number:	Mobile Phone Number:			
Cell phone carrier: US Cellular Verizon	☐ AT & T ☐ Tracfone ☐ Other	Text Updates: _	YesNo	
Student ID #:	Email address:			
Program of Study:				
Semester registering for (please	check semester): \square Fall \square Spring \square	☐Summer Year 20	_	
Course Code & Section	Course Title	Time/Day	Credits	
Please note: It is the student's responsible	ility to ensure they are taking the appro	priate courses for degre	e progress.	
No substitutions will be accept	ed without documentation from the Co	ordinator of Enrollment	•	
Sul	bmit completed form to Donna Geel.			
Student Signature:		Date:		
Advisor Signature:		Date:		