Social Security Number			Registrati Mitcl		1/17/23 - 5/5/23 Term: Spring 2023				
Last Name		_					Date	of Birth	
First Name						Mid. I	Init. Home p	hohe ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
							Work	phone	
Number and	Street (Leave space		Cell phone						
City or Town							 State ⊢Z	ip Code	
Email Addre	SS								
	Providing	the following informati	ion is required by t	he College for so	ome federal a	nd state re	eports.		
SEX	CITIZENSHIP	Do you consider	ETHNICIT	Υ					
☐ Male	☐ U.S. Citizen	more of	☐ Yes [you receive V.A.				
☐ Female	Resident Alien	cial categories to d	(Veterans) benefits? ☐ Yes ☐ No Have you taken courses						
	(permanent visa) Non-resident Alie	tive	103		at Mitchell?				
	U Non-resident Alien (student visa) □ No □ Asian □ Black or African American					☐ Yes [o you work for the	
			☐ Native Hawa	aiian or other Pacifi	c Islander		City	of New London?	
	REGISTRATION STATUS								
FOR	Associate in Se				<i>.</i>				
MITCHELL COLLEGE STUDENTS Check One	Associate in Ar				_	e unclassifie		ally accepted at Mitche	
COU	IRSE	COU	RSE TITLE		CREDITS	DAY 8	k TIME	FEE	
]					
PART-TIME	TUITION and FEES			I	LAB FEES				
If you take 9,	, 10 or 11 credits , TUI7				TOTAL	\$			
If you take fe	ewer than 9 credits redit hour)				IOIAL	Ψ			
	additional) - Non-Matr urses/Photoshop	PAYMENT M	PAYMENT METHOD						
	ses with labs	☐ CHECK	☐ CHECK ☐ CASH ☐ MONEY ORDER						
	lents enrolling in the B	ONLINE	ONLINE (Credit, debit or ACH): mitchell.diamondmindinc.com						
NOTE: Part-t	time Tuition and Fees	are due at registration.							
					REGISTRATION		T THIS COM	IPLETED FORM IN	
Part-Time									
choose to	meet with advisor		Fax form to 860-701-5770						
choose n	ot to meet with advisor		Scan form & email to: registrar@mitchell.edu						
SIGNATURE	│	rm to: Registi 437 Pec		_	on, CT 06320				
DATE									