

WEB REGISTRATION at www.kellogg.edu

IN PERSON Bring this completed form to the Records and Registration office in Battle Creek or the office of the Eastern Academic, Fehsenfeld, or Grahl Center, or the Regional Manufacturing Technology Center. Photo identification is required.

BY MAIL Return the completed registration form to the address above. A copy of photo identification must be submitted with completed registration form.

NOTE: This method of registration will experience a processing delay.

NOTE: Incomplete registration forms, forms received after the class has begun, and forms from students with a hold on their account will not be processed.

1 Please print the following information:

Check (✓) the session and enter the year for which you are registering:

Fall 20 ____ Spring 20 ____ Summer 20 ____

STUDENT ID or SOCIAL SECURITY NUMBER		ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		NON-U.S. CITIZENS VISA Type _____ Alien Registration Card? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME Last		First		MI	
ADDRESS Street Number/Name		APT. #		TOWNSHIP	
CITY		STATE	ZIP	COUNTY	
CELL PHONE NUMBER		DATE OF BIRTH MONTH DAY YEAR		MARITAL STATUS (✓) MARRIED SINGLE	
RACE/ETHNICITY (check all that apply) (✓)		FORMER/MAIDEN NAME(S)		GENDER (✓) MALE FEMALE	
Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		WORK PHONE NUMBER			
Select one or more as appropriate:					
<input type="checkbox"/> American Indian/Alaska Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Native Hawaiian/Pacific Islander		<input type="checkbox"/> White			

2 Enter your course selections with information found in the Schedule of Courses.

	SUBJECT AREA	COURSE NUMBER	SECTION NUMBER	CREDIT HOURS/CEU		SUBJECT AREA	COURSE NUMBER	SECTION NUMBER	CREDIT HOURS/CEU	
1.					5.					
2.					6.					
3.					7.					
4.					8.					
									TOTAL CREDITS	

The information on this form has been provided by me and is true and complete to the best of my knowledge. I agree to provide proof of any information if it is requested. I understand that false or misleading information may lead to loss of course credit, loss of tuition and fees paid, dismissal from KCC, and/or criminal action.

STUDENT'S SIGNATURE _____ DATE _____

3 "I understand and agree that I am responsible for the payment of the tuition and fees related to my registration. If I am unable to attend my classes, I understand I am responsible for dropping those classes by the drop add period of the course, otherwise I will be responsible for any balance owed back to the College. If my account remains unpaid and is turned over to a collection agency, I agree to reimburse KCC for any collection agency fees it incurs, plus costs and expenses of reasonable attorney's fees KCC may incur in such collection efforts.

By registering for classes, I accept the terms stated above."

STUDENT'S SIGNATURE _____ DATE _____

CREDIT CARD INFORMATION/AUTHORIZATION			
If you wish to charge your deposit or tuition and fees, please complete the following information:			
\$ _____	Specify type of charge card: _____	Expiration Date _____	Cardholder's Name _____
Amount you wish to charge			
Card number	_____	V-Code	Cardholder's Zip Code _____
(on back of card)			
Card Holder's Signature _____			