

American Samoa Community College Registration Form

SEMESTER: Fall Spring Summer YEAR: 20____

____ New ____ Contin. ____ Return.

Legal Name: _____ ID#: _____
Last *First* *Middle*

VA: Yes / No **Records Clearance:** Yes / No **Signature:** _____ **Probation:** Yes / No

Advising: Assigned Advisor: _____

Pre-Req. Met	SYN#/Course Alpha	Section	Course Title	Days	Time	Room	Credit	Instructor Name	OVER-ENROLLMENT	
									Class Size	Instructor Initials

Advisor approval and certification that pre-requisites have been met: _____ VA Certification: _____
Advisor signature/ Date *VACounselor Signature/ Date*

Approval for over 16 credits: _____ Probation: _____
Dean of Academic Affairs Signature/ Date *Prob. Counselor Signature/ Date*

Adm/Records office: Posted Date: _____ Total Credits: _____ Staff Signature: _____

I, the undersigned, understand and agree to the following: 1- Once I complete and sign this registration form, I am officially registered for classes at ASCC and I am **legally obligated to pay** ASCC tuition. 2- If I add, drop, withdraw from a class, or in any other way change my enrollment status the tuition will be refunded based upon the tuition refund rates listed in the current catalog. 3- I must follow the established procedures and deadlines listed in the current catalog to update my academic record with any change of enrollment. 4- I understand that the registration fees are non-refundable.

Student Signature *Date* *Records Office Signature*