TALLADEGA COLLEGE
Office of the Registrar

REGISTRATION / SCHEDULE CARD

SS# __ __ __ - __ __ - __ __ __ __

LAST NAME	FIRST NAME	MIDDLE NAME
LOCAL ADDRESS (Dormitory If Applicable)		
PERMANENT ADDRESS		
TELEPHONE (Area Code) Number		
PARENT / GUARDIAN		

❑ Summer ❑ Fall ❑ Spring 20_____

Date of Birth _____ Month Day Year

Major _____

Classification _____

Please check appropriate boxes:

❑ Male ❑ Female

❑ New Student ❑ Returning Student

❑ Single ❑ Married

Ethnic Group: ❑ African-American (Non-Hispanic Origin) ❑ Native American ❑ Asian (or Pacific Islander) ❑ White (Non-Hispanic Origin) ❑ Other ❑ Hispanic

DEPT. CODE	COURSE NO.	SECTION	COURSE TITLE	TIME	DAYS	BLDG. RM.	CREDIT HOURS

Person Responsible for Paying Bill:

Name _____

Address _____

_____

Telephone Number (_____)_____

HOUSING: ❑ On Campus ❑ Off Campus

Church Affiliation _____

STUDENT'S SIGNATURE _____ TOTAL CREDIT HOURS _____

ADVISOR'S SIGNATURE _____

FOR OFFICE USE ONLY

DATE PROCESSED: _____ PROCESSED BY: _____