East Arkansas Community College

1700 Newcastle Road
Forrest City, AR 72335
Phone: 870-633-4480/Fax: 870-633-3840

Registration Worksheet

Year: _____ ***Term (check one):*** ___ *Fall* ___ *Summer I* ___ *Special Term* ___ *Spring* ___ *Summer II*

Name: _____ Student ID Number: _____

Address: _____ Home Phone: _____

Cell Phone: _____ E-mail Address: _____

Please read all of the following statements and check the one that best describes your reason for enrolling at East Arkansas Community College this semester:

____ *To complete coursework towards a degree at East Arkansas Community College (1)*
____ *To complete coursework to transfer towards a degree at another institution (2)*
____ *To complete coursework for admission to EACC's RN program (8)*
____ *To complete coursework for concurrent (high school and EACC) credit (6)*
____ *To obtain job or improve job skills (3)*
____ *To acquire or maintain licensure, other than RN (4), please specify _____*
____ *For self-improvement/personal enrichment/non-job-related skills (5)*
____ *Other, please specify (98) _____*

Response to this section is voluntary. (For statistical purposes only).

_____ *1st Generation* _____ *Disabled*
_____ *Single Parent* _____ *Displaced Homemaker*
_____ *Limited English Proficiency* _____ *Other Barrier*

Course Selection(s):

Course ID	*Course Title*	*Meeting Days (circle)*	*Meeting Times*
		M T W R F S	
		M T W R F S	
		M T W R F S	
		M T W R F S	
		M T W R F S	
		M T W R F S	
		M T W R F S	

Advisor's Signature _____Date _____

Student's Signature _____Date _____

(PAYMENT OF FEES IS REQUIRED BEFORE THE FIRST DAY OF CLASSES.)

Revised 04/04/05