

East Arkansas Community College

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

Registration Worksheet

___ Update Demographic Data

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).

- | | |
|---------------------------------|-------------------------|
| ___ 1 st 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.)