REGISTRATION INSTRUCTIONS

Check Schedule of Classes for Registration Dates and Times.

The maximum number of hours for regular length Semester classes is 18 hours. For Summer sessions it is 7 hours.

Just look for the appropriate Sign posted in the Registration Area.

1. If you are not sure about your THEA status or if you are unclear about any “Holds” go to START HERE.
2. If you have a testing obligation (Not yet passed all sections of the THEA or COMPASS) or, are in a certificate program, go to START HERE and you will be put on a list to see a Counselor/Adviser.
3. If you are Clear and have no “Holds,” you may register online through Campus Connect beginning the first day of online registration.
4. If registering in person, complete and take this form to the front desk – START HERE to check for holds and testing requirements. If clear, you will proceed to the Registrar’s Office for data entry beginning the first day of walk in Registration (Self-Advised).
5. Fill in your requested course schedule below. You must have this form signed by a Midland College Counselor if: 1) you have a TESTING REQUIREMENT, or 2) you are a Dual Credit/Early Admissions student.

Student ID Number/ or Last Name First Init.
Last 4 of SSN

I will be attending for the following semester:
☐ Fall (Aug – Dec) ☐ Winter Interim (Dec) ☐ Spring (Jan – May)
☐ Spring Interim (May) ☐ Summer I (May – July) ☐ Summer II (July-Aug)

<table>
<thead>
<tr>
<th>Class Key (8 Digits)</th>
<th>Department Abbreviation</th>
<th>Course No. (4 Digits)</th>
<th>Section (3 Digits)</th>
<th>Time</th>
<th>Days</th>
<th>Semester Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example 1605 081S</td>
<td>ANTH</td>
<td>2302</td>
<td>120</td>
<td>9:30 - 10:50 A.M.</td>
<td>T R</td>
<td>3</td>
</tr>
</tbody>
</table>

If I have self-advised (no counselor’s signature), I understand I am responsible for this schedule. Remember that payment is due at the time of registration. Look at your printed schedule for payment options.

Counselor/Adviser: ___________________________  Student Signature: ______________________________________
Date Registered: __________________________________________

Rv 11/09