

PREREQUISITE REGISTRATION FORM

(ONE COURSE REQUEST PER FORM)

- **Complete this form and fax it along with the unofficial transcript(s) or documentation proving you have met the prerequisite(s) to the Records and Registration Office at either fax number listed below. (This form MUST be submitted with an unofficial copy of the transcript you are using to prove you have met the prerequisite.)**
- **Your name and the Institution's name MUST be imprinted on the transcript by the institution you attended. (not handwritten)**
- You will be notified at the email address you provided below or by phone when you have been cleared to register for the selected course listed below.
- This does not guarantee placement in the designated course & it does not prevent the course from filling prior to your attempt to register.

STUDENT NAME: _____
Last
First
M.I.

ARCC STUDENT ID (8-DIGIT#): _____
(Not Your Star ID)

CURRENTLY ENROLLED AT ANOKA RAMSEY: YES NO

PREVIOUSLY ENROLLED AT ANOKA RAMSEY: YES NO

ADDRESS: _____

MAIDEN OR PREVIOUS NAME(S) USED: _____

E-MAIL ADDRESS: _____ PHONE NUMBER: _____

SEMESTER/YEAR: SUMMER _____ (May-Aug) FALL _____ (Aug-Dec) SPRING _____ (Jan-May)

	ARCC Course ID (6-digit #)	Department (3-4 alpha letters)	Course # (4-digit #)	Section # (2-digit #)	Name of Institution where prerequisite was met-include Course Department & Number		
1st choice	<i>Example: 000123</i>	<i>MATH</i>	<i>1400</i>	<i>30</i>	<i>U of MN, Twin Cities</i>	<i>MATH</i>	<i>1155</i>
Lab (if required)							
<i>(If 1st choice is full)</i> 2nd choice	<i>Example: 000124</i>	<i>MATH</i>	<i>1400</i>	<i>31</i>	<i>U of MN, Twin Cities</i>	<i>MATH</i>	<i>1155</i>
Lab (if required)							

I understand that **I must register myself** online after the Records Office opens the registration window & calls/emails me back that I can register online.
(If the requested section(s) is full, I must choose a difference section.)

STUDENT SIGNATURE: _____ DATE: _____

COMMENTS/: *(Office Use Only)*