



KASKASKIA COLLEGE
CCC Registration Form

Centralia

Office Use Only
Date:
Initial:

Name (Print) _____ IDOC # _____
Last *First* *MI*

Social Security No. _____ Date of Birth _____

Semester --- Fall Spring Summer Today's Date _____ 20_____

TABE SCORE _____

COURSE PREFIX	COURSE NO.	SECTION	CREDIT HRS.

Student Signature _____ Student ID # _____

Instructor Initials _____