



Hartnell College Master Registration Card

Fall 20____ Spring 20____ Summer 20____

Last Name *First Name* *Middle Initial* *Student ID #*

Mailing Address *City* *State* *Zip* *Telephone Number*

Check this box
if this is a new
address

Section #	Course Name & #

Student Signature: _____ Date _____

For A&R Use Only: Processed by: _____ Date _____