



## REGISTRATION FORM – NEW MATRICULATED STUDENTS

**Name:** \_\_\_\_\_

Course #	Course Title	Credit / Audit

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please return this form to:*

[registrar@hartfordinternational.edu](mailto:registrar@hartfordinternational.edu)

**OR**

Registrar's Office,  
Hartford International University  
77 Sherman Street  
Hartford, CT 06105-2260