

Request to Re-Enroll

If you have previously attended CCM - but have not been enrolled in classes for **at least one year -** use this form to restore access to your CCM email and Titans Direct student portal to re-enroll in classes for an upcoming term. **Completed forms may be emailed to:**registrar@ccm.edu or dropped off at the Office of Records and Registration in the
Student Community Center, Room 220.

Re-enrollment Year and Term: Year	Fall	Spring	Summer	Winter
Student Name:	Date of Birth:			
CCM Student ID# (if known):	Last Year/Term at CCM (if known):			
Address:	City:		State:	Zip:
County of Residence:	Primary F	Phone:		
Personal Email Address: When your request to re-enroll has been				
Was your name different when you previously Yes, I need my name updated (I have attac		entation sucl	n as a court de	ecree or driver's license).
No, my name has not changed.				
processed through the Office of Record No, my address has not changed. Intended Major:	_		/	
 Students will be enrolled under the most Previous courses completed at CCM will not be applicable/transferable depending Placement Tests for Math, English and Tests of Math, English and Mat	st current curriculu l be reviewed and u ng on how long ago Technology Literac	m checkshed used wheneved they wered y may be red	er possible, ho completed. quired and/or	owever some courses may recommended.
Since you last attended CCM, have you attended If yes, complete the information below, and arra				No admiss@ccm.edu
Colleges/Universities & Dates Att	ended			

__ Date: ____

Student Signature: _____