Riverland
COMMUNITY COLLEGE
A Technical & Community College

REGISTRATION FORM

Date: _____

Fall ☐ Spring ☐ Summer ☐ Summer II ☐

Student Name _____ Tech ID _____
Last First MI

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Major _____ Birthdate _____

Course ID	Subject	Course #	Sec #	Course Title	Credits
				Total Credits	

I understand that I am fully responsible for all costs generated by this registration

Student Signature _____ Advisor Signature _____

Please print and mail or fax to:

Registrar's Office
Attention: Kelly Downey
Riverland Community College
1900 8th Ave NW
Austin, MN 55912
507-433-0520
FAX: 507-433-0515

Riverland is asking you to provide information that includes private and/or confidential information under state and federal law. Riverland is asking for this information in order to process this form. You are not legally required to provide the information we are requesting; however, the college may not be able to effectively process this form without it.