



# Registration Form

This form is to be completed when students add or drop any courses. This form may also be used to change a name, address, campus code, degree program, major or expected graduation date.

- Business Office     Registrar  
 Financial Aid     Health Hold

## PERSONAL INFORMATION

**ID Number**   
**Name Last, First, Middle**   
**Home Address**   
**Permanent Address**   
**E-mail**   
**Home Phone**     **Work Phone**     **Cell Phone**

### INFORMATION CHANGE (Please Check Applicable)

- Address  
 Email  
 Phone  
 Campus Code  
 Catalog Year  
 Major  
 Minor/Conc/Cert  
 Add/Drop  
 Graduation Date

## ACADEMIC INFORMATION

**Campus Code**     **Catalog Year**   
**Degree (Major)**     **Minor**   
 IAI    **Concentration**

### Anticipated Graduation Date

**Year**   
**Term**   
 Non Degree Seeking (NDS)

## REGISTRATION INFORMATION

Students are responsible for planning an academic program that meets current requirements, including the required sequencing of classes. Students **must** meet with their advisor before they register for classes to insure intended courses meet a program requirement. Students are responsible for the actions taken to register, drop, or add courses. This includes actions taken by registering online, by E-mail, or with an academic advisor.

*Please Note: The College may alter the course schedule including canceling courses. Should this occur, the student will be notified.*

Academic Year	Term	Subterm	Course Number	Section	Credit Hours	Add / Drop	Drop Reason	For Drop Only
								Never Attended <input type="checkbox"/>
								Never Attended <input type="checkbox"/>
								Never Attended <input type="checkbox"/>
								Never Attended <input type="checkbox"/>
								Never Attended <input type="checkbox"/>
								Never Attended <input type="checkbox"/>
								Never Attended <input type="checkbox"/>
								Never Attended <input type="checkbox"/>
								Never Attended <input type="checkbox"/>
								Never Attended <input type="checkbox"/>

Student Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

Advisor Initials  Date Completed

Fin. Aid Initials  Date Completed

### Change in Hours

	Previous	Current
FA		
SP		
SU		