

Drop-off Registration? yes no

INSTRUCTIONS: Complete ALL sections of this form and return it to a Student Services staff member for approval. If you already have a schedule and are attempting to change it, you will need to complete an ADD/DROP form, which is available through the Office of Student Services.

A. STUDENT INFORMATION—Please print.

Name _____ SSN/ID _____

Phone Numbers (h) _____ (c) _____ (w) _____

Enrollment Status (check one):

- continuing re-entry transfer dual non-matriculating visiting

E-mail _____

If you plan to eventually transfer to another college or university, list below the school's name and your intended major.

Name of college/university

Intended major/program of study

B. COURSE SELECTION—Use the chart below to list the courses in which you wish to enroll.

Courses			Days Circle day(s) of week course(s) meets	Time Enter beginning and ending times for courses	Special Approval Signature (if required) <i>OR</i> Advisor Comments
Department	Number	Section			
			M T W Th F S		
			M T W Th F S		
			M T W Th F S		
			M T W Th F S		
			M T W Th F S		
			M T W Th F S		
			M T W Th F S		

Total hours scheduled (not to exceed 10)

Student's Signature

Date

FOR OFFICE USE ONLY:

Approved by _____ Date _____

Year Classification _____

Anticipated Date of Graduation _____

Entered by _____ Date _____