

# Three Rivers College

THE COMMUNITY COLLEGE OF SOUTHEAST MISSOURI

## Registration Form

Print Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Semester:  FA  WI  SP  SU

Year: \_\_\_\_\_

Add/ Drop	Course Ex: (ENGL)	Number Ex: (111)	Section Ex: (001)	Audit (Y/N) No Grade Awarded	Credit Hours Ex: (3)	Instructor Signature (If Required)*
<b>Total</b>						

\*Instructor signature required for registrations after the term has started.

<p style="margin: 0;">Dropping a Course</p> <p style="margin: 0;">If you are dropping a course, please <b>circle</b> the reason for dropping the selected course.</p>				
<b>C</b> – Changed Mind	<b>D</b> – Too Difficult	<b>H</b> – Health	<b>F</b> – Financial Difficulty	<b>M</b> -Moving
<b>L</b> – Personal	<b>I</b> – Change Instructor	<b>S</b> – Change course modality (Web, face-to-face, ITV, etc.)		

<b>By registering for these courses, I acknowledge that:</b>	<b>Initial</b>
<i>I am financially responsible for payment of these courses.</i>	
<i>Securing financial aid for payment of these courses is my responsibility.</i>	
<i>It is my responsibility to return any text book rentals to the college store. I will be charged for any text book rental not returned to the college store.</i>	

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature (if required )

\_\_\_\_\_  
Date