

Registration Form Student ID #_____ Print Name: __ FA () WI () SP () SU (Semester: Year Instructor Signature Add/ Audit (Y/N) Credit Course Number Section Ex: (ENGL) Ex: (111) Ex: (001) No Grade (If Required)* Drop **Hours Awarded** Ex: (3) Total *Instructor signature required for registrations after the term has started or for closed class AFTER the waitlist is closed. If you are dropping a course, please **circle** the reason for dropping the selected course. **C** – Changed Mind **D** – Too Difficult **H** – Health **F** – Financial Difficulty M - Moving L - Personal W - Work By registering for these courses, I acknowledge that: Initial I am financially responsible for payment of these courses. Securing financial aid for payment of these courses is my responsibility. It is my responsibility to return any textbook rentals to the college store. I will be charged for any textbook rental not returned to the college store. **Signature of Student Date Signature of Advisor Date** Office Use Only:

Date

Signature of Department Chair (if required)

Processed by: _____ Date: ____