

Course Registration

Submit Completed form in-person to Enrollment Services with valid photo identification or by student email. Forms will <u>NOT</u> be accepted prior to your registration date and time.

Today's Date:				
Student Information				
First Name: Middle Initial:		Last Name:		
Student ID: w Date of Birth:		Phone Number:		
Course Information				
Term/Year: Fall Spring Spring				
Section # Co	urse Name	Refund Date	Census Date	Add Authorization Approved
0004 M	BUSAD 201	OFFICE USE ONLY	OFFICE USE ONLY	OFFICE USE ONLY
Student Signature:			Date:	
I acknowledge that I have been a that I need to return to Enrollme			he course by the instr	ructor, I am aware
	OFFIC	E USE ONLY		
Registered by: Date:			☐ ID Verified	
☐ Time Conflict ☐ H.S. Max 10% ☐ MXW ☐ Student Petition ☐ STAC ☐ SECA Comments:		☐ MRHEX		