



Course Registration Form

Submit completed form in-person to Enrollment Services, or

Return form to a Dual Enrollment Specialist

Scan to:

Rosalinda Vierra, vierraro@mjc.edu 209-575-7750

Martha Rice, ricem@mjc.edu 209-575-6885

Today's Date: _____

Student Information

First Name: _____ Middle Initial: _____ Last Name: _____

Student ID: w _____ Phone Number: _____

Course Information

Term/Year: FA _____
 SP _____
 SU _____

<u>SECTION#</u>	<u>COURSE NAME</u>	<u>ACCESS CODE</u>	<u>LATE START CLASS START DATE</u>	<u>CENSUS DATE</u>
7890	MBUSAD 201	1234	3/7/2019	Office Use Only

X Student Signature: _____ **Date:** _____

I acknowledge that I have been added to a waitlist and have been informed of the materials that I need to return, with an access code, to Admissions. _____ (Initials)

OFFICE USE ONLY

Registered By _____ Date _____

3rd Enrollment Pre-Requisites/Co-Regquisite AE MXW Time Conflict Grade Improvement