

REGISTRATION AND ADD/DROP FORM

Revised September 2018

Name:			ID No.: <u>A00</u>		
Major: Initial Registration			Term: Fall	_Spring	Summer
			Change of Schedule		
White – Registrar/ Department Yellow – Cashier's Office Pink- Student		□ 16-Week	☐ 1 st 8-Week	☐ 2 nd 8-Week	
N	Department	Course Number & Section	Days & Times	Credits	Dean's Overr Initials (if need
			ourses to be ADDED		
					_
					_
					_
					
					_
					_
		Cou	rses to be DROPPED		
					_
Not	es:				
Student Signature:				Date:	
Advisor Signature:				Date:	
PIN:				Registration Date:	