



Enrollment Change Form

YEAR 20__ | FALL__ SPRING__ SUMMER__ WINTER__

Student ID

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Today's Date

		-			-				
Month			Day			Year			

Student's Full Name

<i>Last</i>	<i>First</i>	<i>Middle Initial</i>
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Student's Mailing Address

<i>Street</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Primary Phone</i>		

Program Version

ADD					
SUBJECT	COURSE #	SECTION	COURSE NAME	CREDITS	PART OF TERM

UNREGISTER					
SUBJECT	COURSE #	SECTION	COURSE NAME	CREDITS	PART OF TERM

I understand I am responsible for making all schedule changes and understand the designated refund dates, which I am responsible for knowing. If, for any reason, I should become ineligible for federal, state, scholarship assistance, I agree to pay the account in full including any fees that may be incurred by or on behalf of the college to satisfy my financial obligations. I understand information regarding the college's substance abuse policies, student graduation rates, campus security procedures and crime statistics are available online. I also understand I must satisfy all applicable admissions requirements including transcript and health record submissions.

Student Signature _____ Advisor Signature _____