



Enrollment Change Form

YEAR 20__ | FALL__ SPRING__ SUMMER__ WINTER__

Student ID

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Today's Date

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Month			Day			Year			

Student's Full Name

Last	First	Middle Initial
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Student's Mailing Address

Street		
City	State	Zip
Primary Phone		

Program Version

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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_____