



Registration Form

Quarter _____ Year _____

Name _____ Major _____

If your name, address, phone number, or major has changed, please complete a status change form. If you have not attended for a quarter or more, please complete an Application for Readmission.

ID# _____

Home Phone _____

Please complete form in blue or black ink.

Work Phone _____

EXAMPLE: MATH 117 CO1 / Elementary Algebra	HRS	MON	TUES	WED	THUR	FRI	SAT

Advisor's Signature _____ Date _____ Student's Signature _____ Date _____

All degree-seeking students are encouraged to meet with an academic advisor each quarter to select appropriate courses to meet degree requirements. All students who intend to transfer to another college should consult an advisor at the transfer institution.

I have chosen to waive my right to consult an advisor and assume full responsibility in choosing my courses.