



Registration/Add/Drop Form

Tartan I.D. /SSN _____

Name: Last _____ First _____ MI _____ Maiden _____

Address: City _____ St _____ Zip _____ County _____ Phone # _____

Indicate Quarter
 Fall Winter
 Spring Summer

Is this a name change?

Is this an address or phone # change?

Registration/Add Area (Part A)

Preferred Classes

Synonym	Dept.	Crs. #	Sec. No.	Cr. Hr.	Audit	
0011111	ELM	111	01	3	Y	N
00						
00						
00						
00						
00						
00						
00						
00						
Total Credit Hours						

Administrative Use Only

Dean, counselor, faculty use only
Indicate reason for signature

Alternate Classes

Synonym	Dept.	Crs. #	Sec. No.	Cr. Hr.	Audit	
0011111	ELM	111	01	3	Y	N
00						
00						
00						

Reason Codes:

- Placement Test Waiver DEV 064 Probation
 Distance Learning Closed Class Other

Drop Area (Part B)

Check here for a total withdrawal from all classes for the quarter. Please do not list classes.

Synonym	Dept.	Crs. #	Sec. No.	Cr. Hr.	Reason
0011111	ELM	111	01	3	01
00					
00					
00					

WARNING

Dropping may affect your Financial Aid

Drop Reasons:

- Not doing well (01)
 Work conflict (02)
 Missed classes (04)
 Personal issues (05)
 Not need for major (06)
 Medical problems (07)
 Instructor issues (08)
 Other (09)

By signing on the line below, I accept the consequences of all transactions made:

Signature _____ Date _____

See back of form