Coconino Community College

ADD / DROP FORM

□ FALL □ SPRING □ SUMMER

Please use black or blue ink to complete this form.

Student ID No	**FIRST NAME**	LAST NAME

Add	Drop	CRN	COURSE SUBJECT *ie: PSY*	COURSE NUMBER *ie: 101*	CREDIT HOURS	INSTRUCTOR SIGNATURE (FOR ENROLLING AFTER DEADLINE OR CAPACITY OVERRIDE) Registration and payment arrangements must occur within 24 hours from date of signature or approval is void.
						Date:
						Date:
						Date:
						Date:
						Date:
						Date:
						Date:
						Date:

My signature below verifies my acceptance of the following: 1) I have reviewed and understand the policies associated with enrolling for or dropping courses at CCC. 2) Whether I have consulted with an academic advisor or not, I freely choose to enroll for these courses and that I assume full responsibility for my course selection and any resulting consequences and liability, and 3) The Student Financial Responsibility Agreement, and upon my request Registration and Enrollment Services will make available a copy of the agreement for my review.

STUDENT'S SIGNATURE DATE

To Register for		Prerequisite completed (Please attach unofficial transcript or test score if not in Banner)				PREREQUISITE VERIFICATION: ADVISOR, INSTRUCTOR, OR REGISTRATION USE ONLY
COURSE SUBJECT	COURSE NUMBER	COURSE SUBJECT	COURSE NUMBER	GRADE/ SCORE	INSTITUTION	STAFF SIGNATURE

Coconino Community College

ADD / DROP FORM

□ FALL □ SPRING □ SUMMER

Please use black or blue ink to complete this form.

Student ID No	**FIRST NAME**	LAST NAME

Add	Drop	CRN	COURSE SUBJECT *ie: PSY*	COURSE NUMBER *ie: 101*	CREDIT HOURS	INSTRUCTOR SIGNATURE (FOR ENROLLING AFTER DEADLINE OR CAPACITY OVERRIDE) Registration and payment arrangements must occur within 24 hours from date of signature or approval is void.
						Date:
						Date:
						Date:
						Date:
						Date:
						Date:
						Date:
						Date:

My signature below verifies my acceptance of the following: 1) I have reviewed and understand the policies associated with enrolling for or dropping courses at CCC. 2) Whether I have consulted with an academic advisor or not, I freely choose to enroll for these courses and that I assume full responsibility for my course selection and any resulting consequences and liability, and 3) The Student Financial Responsibility Agreement, and upon my request Registration and Enrollment Services will make available a copy of the agreement for my review.

STUDENT'S SIGNATURE DATE

To Register for		Prerequisite completed (Please attach unofficial transcript or test score if not in Banner)				PREREQUISITE VERIFICATION: ADVISOR, INSTRUCTOR, OR REGISTRATION USE ONLY
COURSE SUBJECT	COURSE NUMBER	COURSE SUBJECT	COURSE NUMBER	GRADE/ SCORE	INSTITUTION	STAFF SIGNATURE