



FALL SPRING SUMMER YEAR: _____

Please use black or blue ink to complete this form.

Student ID No:	Last Name:	First Name:
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ADD											
CRN	SUBJECT	COURSE NO	SECTION	CREDIT HOURS	M	TU	W	TH	F	S	INSTRUCTORS APPROVAL SIGNATURE <small>Required to enroll after enrollment deadline or override enrollment limit.</small>

DROP					FINANCIAL AID:	DATE:
CRN	SUBJECT	COURSE NO	SECTION	CREDIT HOURS	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

PREREQUISITE VERIFICATION-Student must provide evidence of satisfying the prerequisite.						
FOR SUBJECT	COURSE NO	PREQUISITE COMPLETED	FROM INSTITUTION	GRADE/ SCORE	Registrar, Instructor, or Advisor Signature	
					ENROLLMENT SERVICES ONLY	
					ENTERED BY:	DATE:



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