

# CITY COLLEGE COURSE REGISTRATION FORM



NAME: LAST, \_\_\_\_\_ FIRST \_\_\_\_\_ MI \_\_\_\_\_ ID# \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

FIND YOUR MAJOR FIELD OF INTEREST AND EDUCATIONAL GOAL ON THE BACK OF THIS FORM AND ENTER THE CODE HERE. }

MAJOR FIELD OF INTEREST    EDUCATIONAL GOAL

DROPS				
CRN#	SUBJECT	COURSE	SEQ	UNITS

ADDS				
CRN#	SUBJECT	COURSE	SEQ	UNITS

**YOU MAY ENROLL IN OVER 17 UNITS (7 UNITS IN SUMMER SEMESTER) AFTER THE BEGINNING OF THE SCHEDULE ADJUSTMENT PERIOD. AN ADDITIONAL FORM WITH A COUNSELOR'S SIGNATURE IS REQUIRED.**

FALL	<input type="checkbox"/>	TERM
SPRING	<input type="checkbox"/>	
SUMMER	<input type="checkbox"/>	199 <u>    </u>

TOTAL UNITS

PROCESSED BY \_\_\_\_\_ DATE \_\_\_\_\_

STUDENTS SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_