



# OFFICE OF ADMISSIONS AND RECORDS

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Student's ID		Student's Name (Please Print: Last Name First)					Semester/Year
CRN	SUBJ	CRSE	SEQ	DAYS	TIMES	UNITS	INSTRUCTOR

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STUDENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**THIS FORM IS TO BE USED ONLY FOR THOSE COURSES LISTED IN THE  
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