

(Please Print)

Date:	Year:	Term (circle one):	FALL	SPRING	SUMMER
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STUDENT INFORMATION

IMPORTANT: Name changes **cannot** be submitted via this form. All name changes must be submitted on the Name Change Request form with supporting legal documentation.

Student's Last Name:	First:	Middle:	ID# or Social Security Number
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(Former Name):	Email address:	Birth date:	Age:	Gender:
		/ /		<input type="checkbox"/> M <input type="checkbox"/> F

Local mailing address:	Home phone no.:
Street or P.O. Box	()
City	
State	
Zip	

Permanent mailing address:	Cell phone no.:
Street or P.O. Box	()
City	
State	
Zip	

Educational Goal - SELECT ONLY ONE

Enter an 'X' next to the educational goal listed below that best explains your goal for attending CWC

<input type="checkbox"/> 1 -Earn a Certificate at CWC	<input type="checkbox"/> 5 -Transfer to 4-yr college	<input type="checkbox"/> 9 -HS student for HS diploma
<input type="checkbox"/> 2 -Earn 2-yr Degree at CWC	<input type="checkbox"/> 6 -Transfer to 2-yr college	<input type="checkbox"/> 10 -HS student – early start on college
<input type="checkbox"/> 3 -Learn Skills to get a job	<input type="checkbox"/> 7 -Improve English, Math, Reading	<input type="checkbox"/> 11 -Earn 2-yr/CWC & transfer to 4-yr
<input type="checkbox"/> 4 -Advance in current job	<input type="checkbox"/> 8 -Personal Interest	<input type="checkbox"/> 12 -Earn a Credential at CWC

If paying by credit card: Cardholder's Name:	Card #:
	Exp. Date:
	CVS Code:

COURSE INFORMATION

Enroll / Add*

Synonym Number	Dept.	Course Number	Section Number	Credit Hours	SU or Audit	Course Title	Approving Initials

Advisor Printed Name & Signature:

Drop / Withdraw*

Synonym Number	Dept.	Course Number	Section Number	Credit Hours	SU or Audit	Course Title	Reason Number

Drop / Withdraw Reasons (Select the appropriate reason and enter the corresponding # to each course being dropped above):

1 -Book Problem	5 -Class Level Too High	9 -Daycare Problem	13 -Instructor Conflict	17 -Transportation
2 -Can Not Find Class	6 -Don't Like the Class	10 -Financial Reasons	14 -Moving	18 -Work Conflict
3 -Delay Taking Class	7 -Don't Need the Class	11 -Health Reason	15 -Personal Reasons	19 -Registration Error
4 -Want a Live Class	8 -Class Schedule Conflict	12 -Getting a Bad Grade	16 -Attend a Different School	20 -Enrolled in Too Many Credits

PLEASE CHECK IF YOU ARE WITHDRAWING FROM ALL COURSES IN THE TERM / Reason Number: _____

I CERTIFY ACCEPTANCE OF MY REGISTRATION IN ALL COURSES LISTED ON THIS ENROLLMENT FORM FOR THE SEMESTER AND UNDERSTAND I AM RESPONSIBLE FOR ALL DEBTS INCURRED.

STUDENT'S SIGNATURE:	DATE:
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*I understand that the changes I make on this form could have an effect on my academic standing and my ability to graduate within the program, which I am currently pursuing, as well as on my financial aid and/or scholarship status. I am responsible for any changes made and the consequences of those changes.

FOR RECORDS OFFICE USE ONLY

INPUT INITIALS:	DATE:
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