



After downloading this form, you will be able to:

1) **type** in your information onscreen, and then print

OR

2) **print** a blank form to complete manually.

Unless you have the full version of Adobe Acrobat installed you will not be able to save your completed form, although you will be able to print it.

**If your form requires a signature, you must print, sign and mail a hard copy. Forms that don't require a signature can be emailed to the appropriate department.**

# NON-CREDIT REGISTRATION Add/Drop Form



(Must be completed and signed by student)

Name \_\_\_\_\_  
Last First Middle

Social Security #/Student Id # \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

**Ethnic Information:** In accordance with appropriate federal/state regulations, the college is required to collect information from all students. The information will be held in strict confidence and released only to appropriate federal/state agencies. No student may be required to identify him/herself. If you object to the categories as stated and choose not to mark a box, the College will automatically classify you as "Other"

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> 1 Non-Resident Alien        | <input type="checkbox"/> 5 Hispanic                                  | <input type="checkbox"/> Male   |
| <input type="checkbox"/> 2 Black, non-Hispanic       | <input type="checkbox"/> 6 White, non-Hispanic                       | <input type="checkbox"/> Female   |
| <input type="checkbox"/> 3 American Indian           | <input type="checkbox"/> 7 I do not wish to provide this information | <input type="checkbox"/> Please send me information on support services for students with disabilities. |
| <input type="checkbox"/> 4 Asian or Pacific Islander |  |   |

## Registration/Add

	Synonym No.	Course Code-Sec.	Course Title	Cost
sample	034967	BUS-115-AS01	Introduction to Business	
			<b>Totals</b>	

## Drop

Synonym No.	Course Code	Course Title	Comments



**STUDENT'S SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

### PAYMENT METHOD

Check  Cash  VISA  MASTERCARD  Other \_\_\_\_\_  
 Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Name as it appears on credit card \_\_\_\_\_

### OFFICE USE ONLY

Received by \_\_\_\_\_ Date \_\_\_\_\_  
 Processed by (if different from above) \_\_\_\_\_ Date \_\_\_\_\_  
 Special Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Special Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_