

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	
(Former Name):	Email address:	Birth date	Age	Gender
		/ /		M F
Local Mailing Address <small>Street or PO Box</small>	City	State	Zip	Home Phone #
Permanent Mailing Address <small>Street or PO Box</small>	City	State	Zip	Cell Phone #

EDUCATION GOAL - SELECT ONLY ONE: Enter an 'X' next to the education goal listed below that best explains your goal for attending CWC

_____ 1-Earn a Certificate at CWC	_____ 5-Transfer to a 4-year college	_____ 9-HS student for HS diploma
_____ 2-Earn a 2-year degree at CWC	_____ 6-Transfer to a 2-year college	_____ 10-HS student - early start on college
_____ 3-Learn skills to get a job	_____ 7-Improve English, Math, Reading	_____ 11-Earn 2-yr/CWC & transfer to 4-yr
_____ 4-Advance in current job	_____ 8-Personal Interest	_____ 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	S,U or Audit	Course Title	Approving Initials

Advisor Printed Name & Signature: _____

DROP/WITHDRAW*

Synonym Number	Dept.	Course Number	Section Number	Credit Hours	S,U or Audit	Course Title	Reason Number

Drop/withdraw Reason (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 Reason	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 _____

* 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 the consequences of those changes.

FOR RECORDS OFFICE USE ONLY

Input initials: _____ Date _____