

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

### 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/Access Code Problem  | 6-Don't like the class   | 11-Health Reasons      | 16-Transportation Issues     | 21-Family Commitments     |
| 2-Want a live class         | 7-Changed major/program  | 12-Lack of Time        | 17-Work Issues               | 22-College isn't for me   |
| 3-Technology Issues         | 8-Day care problems      | 13-Lack of Motivation  | 18-Registration Error        | 23-Other personal reasons |
| 4-Class format confusing    | 9-Financial Aid problems | 14-Instructor Conflict | 19-Enrolled too many credits |                           |
| 5-Level too high/struggling | 10-Lack of Finances      | 15-Moving              | 20-Legal Issues              |                           |

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** \_\_\_\_\_