



TERM: FALL SPRING SUMMER

ENROLLMENT CARD

YEAR: _____

EMPLID (STUDENT ID) _____ LAST NAME _____ FIRST NAME _____ M.I. _____

STREET ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ TELEPHONE _____ CELL _____

LIST COURSES TO BE ADDED
(ACADEMIC ADVISOR'S APPROVAL IS REQUIRED FOR ALL ADDS)

Line No.	Reg Use Only	SESSION	AS LISTED IN SCHEDULE OF CLASSES				UNITS	AUDIT	P/F	CONFLICT
			CLASS ID#	SUBJECT	COURSE #	SECTION				
1										
2										
3										
4										
5										
6										
7										

LIST COURSES TO BE DROPPED
(ACADEMIC ADVISOR'S APPROVAL IS REQUIRED FOR ALL DROPS/ADDS EXCEPT SECTION CHANGES)

Line No.	Reg Use Only	SESSION	AS LISTED IN SCHEDULE OF CLASSES				UNITS	AUDIT	P/F	CONFLICT
			CLASS ID#	SUBJECT	COURSE #	SECTION				
1										
2										
3										
4										
5										
6										
7										

TOTAL CREDITS PER SESSION (ADVISOR USE ONLY)

SESSION UNITS SESSION UNITS SESSION UNITS

ADVISOR'S SIGNATURE _____ DATE _____
(ADDITIONAL COMMENTS & APPROVALS MAY BE ENTERED ON THE REVERSE SIDE OF THIS FORM)

STUDENT'S SIGNATURE _____ DATE _____

ADVISOR'S COMMENTS

ADVISOR'S SIGNATURE

INSTRUCTOR'S COMMENTS

INSTRUCTOR'S SIGNATURE

CHAIRPERSON'S COMMENTS

CHAIRPERSON'S SIGNATURE

DEAN'S COMMENTS

DEAN'S SIGNATURE

ADMINISTRATIVE OFFICE COMMENTS

AUTHORIZED SIGNATURE