



SUMMER _____ FALL _____ SPRING _____ (CHECK THE APPROPRIATE TERM)

STUDENT I.D. NUMBER _____

NAME _____
Last First MI

ADDRESS _____ PHONE _____
Street City State Zip

EMAIL ADDRESS _____

A CURRENT APPLICATION MUST BE ON FILE IN THE ADMISSIONS OFFICE BEFORE YOU CAN REGISTER FOR CLASSES.

Student Intent Earn an Academic Degree (AA/AS/AGS) Earn a Vocational-Technical Certificate
 Earn a Vocational-Technical Degree None of the Above

- **PREREQUISITES MUST BE FULFILLED. SEE DEPARTMENT CHAIR IF YOU HAVE QUESTIONS.**
- **NEW/TRANSFER STUDENTS ENROLLING IN SIX (6) OR MORE CREDITS, MUST MAKE AN APPOINTMENT WITH THEIR ADVISOR FOR ENROLLMENT COUNSELING.**
- **AUDITORS are NOT eligible to receive the COF STIPEND; therefore you will be charged both the tuition and the established stipend amount. Grades and credits are not assigned for audited courses.**

EXAMPLE								CREDITS	Initial to Request Audit	INITIAL TO REFUSE COF STIPEND	*Approval Signature If Needed
12345	C	I	S	1	1	0	001				
CRN #	PREFIX			NUMBER			SEC #				

TOTAL NUMBER OF CREDITS _____ OVERLOAD APPROVAL _____ (Division Dean)

STUDENT SIGNATURE IS REQUIRED

YOUR SIGNATURE authorizes the COLLEGE OPPORTUNITY FUND (COF) stipend to be applied to your In-State Tuition AND holds you financially responsible for all the above registered courses.

Student Signature

Advisor Signature

Date

DATE PROCESSED _____ BY _____ (Clerk's Initials)

***SIGNATURES REQUIRED:**
 Entry into closed classes: Instructor and Department Chair
 Unmet Prerequisites: Department Chair
 Late Registration with Instructor Permission: Instructor
 After Late Registration with Instructor Permission: Instructor and Department Chair
 After the Drop Period (Census): Instructor, Department Chair and Division Dean **(NO FTE OR COF - DEPARTMENT MUST PAY COF)**
 Time Conflicts: Both Instructors
 Registrations in excess of 18 credit hours: Division Dean