

Registration Worksheet

Name: _____
First Last

Student ID # (if known): K _____

(If recently applied) Confirmation #: NC _____

DOB: (mm/dd/yyyy) _____

Email: _____

Phone: _____

Semester: Fall ___ Spring ___ Summer ___

**Registration is processed on a first-come, first-served basis and does not guarantee enrollment.
 Instructor's signature is required for closed or full classes.**

<u>Add</u>	<u>Drop</u>	<u>Section CRN</u>	<u>Subject</u>	<u>Instructor Signature</u> (if class is full/closed)
Add <input type="checkbox"/>	Drop <input type="checkbox"/>			
Add <input type="checkbox"/>	Drop <input type="checkbox"/>			
Add <input type="checkbox"/>	Drop <input type="checkbox"/>			
Add <input type="checkbox"/>	Drop <input type="checkbox"/>			
Add <input type="checkbox"/>	Drop <input type="checkbox"/>			
Add <input type="checkbox"/>	Drop <input type="checkbox"/>			
Add <input type="checkbox"/>	Drop <input type="checkbox"/>			
Add <input type="checkbox"/>	Drop <input type="checkbox"/>			

Student Signature **Date**

Email to: SELAdmissions@sbcc.edu

For Office Use Only:

Entered by: _____

Date Entered: _____