



Received: \_\_\_\_\_  
 Entered by: \_\_\_\_\_

## CVCC Enrollment Change Form

Year:	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	
Customer ID:		
Name:		
Last	First	Middle
Street Address:		
City	State	Zip
Telephone: _____ Daytime (Area Code and Telephone Number)		

### ENROLL

Class Number	Subject	Catalog Number	Section Number	Credits	"X" if Audit	Instructor's Signature is required for authorizing an overload in the class.	Authorized Signature

### DROP or WITHDRAW

Class Number	Subject	Catalog Number	Section Number	Credits	"X" if Audit	Instructor's Signature is required for authorizing an overload in the class.	Last Date Of Attendance

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bring this "Enrollment Change Form" to the CVCC Office of Admissions and Records, Amherst Hall, Room 2204.

Are you receiving Financial Aid? \_\_\_\_ Yes \_\_\_\_ No