



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	<i>Instructor's Signature</i> 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	<i>Instructor's Signature</i> 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