

B-S-ID
 Processed by: _____
 Date: _____
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 Date: _____

Class Registration Form

Student ID: _____ **Phone:** _____

Name: _____ **Date of Birth:** _____

Semester of Enrollment: Year 20__ Fall Spring Summer

TO ADD A COURSE

Dean signature is required ONLY for override reason.

CRN	Course Title	Audit*	Reason for Override**	Dean Printed Name	Dean Signature

* A grade of AU is given for audit enrollment and no graduation or transfer credit is awarded. Financial Aid will not pay for audited courses.

**Override Codes: PR- Pre-Requisite, CR- Co-requisite, CP- Capacity, SA- Special Approval, TC- Time Conflict

TO DROP OR WITHDRAW FROM A COURSE

CRN	Course Title

Student Signature: _____
 (Proof of identification must be provided at time of submission.)

Date: _____

Advisor's Printed Name: _____ **Advisor's Signature:** _____ **Date:** _____

Turn in at: Enrollment Support Center located on the 2nd floor of the Student Center or at the Washington County Center.

Email from your NWACC email to Enrollmentsupport@nwacc.edu with subject code **Change of Registration**

NOTE: Forms turned in via email, not in person, may experience a delay in processing resulting in open courses no longer being available.