

Processed by _____
Date _____

## REGISTRATION/DROP FORM

Student ID # \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

SEMESTER: Fall \_\_\_\_\_ Year      Spring \_\_\_\_\_ Year      Summer \_\_\_\_\_ Year

### ADD

CRN	COURSE TITLE	AUDIT*	CREDIT HOURS	OVER-RIDES	Pre-Requisite	Co-Requisite	Capacity	Special Approval (Inst. Consent)	Time Conflict	Other (Detail Below)	DEAN/DIRECTOR SIGNATURE REQUIRED FOR EACH CLASS OVERRIDE
				Please check or X appropriate override box(es) for each class.							
<b>Total Credit Hours:</b>				<b>Other:</b>							

### DROP

CRN	COURSE TITLE	CREDIT HOURS

It is the student responsibility to check their schedule for the correct class days and time. If there is an error, please contact the Student Records office.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Advisor Signature Date

Please complete and sign this form, and fax to:

Early College Experience  
Washington County Center  
**Fax: 479-751-4942**  
Phone: 479-725-4688  
[www.nwacc.edu/earlycollege](http://www.nwacc.edu/earlycollege)