

STUDENT INFORMATION

IMPORTANT: Name changes **cannot** be submitted via this form. All name changes must be submitted on the Name Change Request form with supporting legal documentation.

DATE:	YEAR:	TERM (CIRCLE ONE):	FALL	SPRING	SUMMER
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PLEASE CHECK THIS BOX IF THIS IS A NEW ADDRESS

Student's Last name	First:	Middle	ID# or Social Security Number		
(Former Name):	Email address:	Birth date	Age	Gender	
		/ /		M	F
Local Mailing Address Street or PO Box	City	State	Zip	Home Phone #	
Permanent Mailing Address Street or PO Box	City	State	Zip	Cell Phone #	

EDUCATION GOAL - SELECT ONLY ONE: Enter an 'X' next to the education goal listed below that best explains your goal for attending CWC

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|-------------------------------------|--|--|
| _____ 1-Earn a Certificate at CWC | _____ 5-Transfer to a 4-year college | _____ 9-HS student for HS diploma |
| _____ 2-Earn a 2-year degree at CWC | _____ 6-Transfer to a 2-year college | _____ 10-HS student - early start on college |
| _____ 3-Learn skills to get a job | _____ 7-Improve English, Math, Reading | _____ 11-Earn 2-yr/CWC & transfer to 4-yr |
| _____ 4-Advance in current job | _____ 8-Personal Interest | _____ 12-Earn a credential at CWC |

COURSE INFORMATION

ENROLL/ADD*

Synonym Number	Dept.	Course Number	Section Number	Credit Hours	S,U or Audit	Course Title	Approving Initials

Advisor Printed Name & Signature: _____

DROP/WITHDRAW*

Synonym Number	Dept.	Course Number	Section Number	Credit Hours	S,U or Audit	Course Title	Reason Number

Drop/Withdraw Reason (select the appropriate reason and enter the corresponding # to each course being dropped above)

1-Book/Access Code Problem	6-Don't like the class	11-Health Reasons	16-Transportation Issues	21-Family Commitments
2-Want a live class	7-Changed major/program	12-Lack of Time	17-Work Issues	22-College isn't for me
3-Technology Issues	8-Day care problems	13-Lack of Motivation	18-Registration Error	23-Other personal reasons
4-Class format confusing	9-Financial Aid problems	14-Instructor Conflict	19-Enrolled too many credits	
5-Level too high/struggling	10-Lack of Finances	15-Moving	20-Legal Issues	

PLEASE CHECK IF YOU ARE WITHDRAWING FROM ALL COURSES IN THE TERM/Reason Number: _____

I CERTIFY ACCEPTANCE OF MY REGISTRATION IN ALL COURSES LISTED ON THIS ENROLLMENT FORM FOR THE SEMESTER AND UNDERSTAND I AM RESPONSIBLE FOR ALL DEBTS INCURRED.

STUDENT'S SIGNATURE _____ **Date** _____

* I understand that the changes I make on this form could have an effect on my academic standing and my ability to graduate within the program, which I am currently pursuing, as well as on my financial aid and/or scholarship status. I am responsible for any changes made the consequences of those changes.

FOR RECORDS OFFICE USE ONLY

Input initials: _____ Date _____