CEDAR CREST COLLEGE **OFFICE OF THE REGISTRAR**

CHANGE IN REGISTRATION (DROP/ADD/WAIT LIST)

Date_____ I. D. No._____

Name_____
First Middle Last

Address_____
Street City State Zip

Campus/Business Phone ( )_____ Home Phone ( )_____

☐ CCC (traditional) ☐LLL (lifelong learning) ☐ Other_____ Email_____

Registration Year _____
_____Fall
_____Winter
_____Spring
_____May
_____Summer I
_____Summer II

<<DROPPED>> COURSES

Course Number							Course Title	Credits	Instructor's Signature	Wait List?
Dept	-	Number	-	Section	-	Type				
	-		-		-					**Y or N**
	-		-		-					**Y or N**
	-		-		-					**Y or N**

<<ADDED>> COURSES

Course Number							Course Title	Credits	Instructor's Signature	Wait List?
Dept	-	Number	-	Section	-	Type				
	-		-		-					**Y or N**
	-		-		-					**Y or N**
	-		-		-					**Y or N**

Student's Signature_____ Advisor's Signature_____

DIRECTOR of ACADEMIC SERVICES or REGISTRAR'S SIGNATURE (if requesting over 18 credits) _____
Total Number of Credits Approved_____

Rev. 8/2003