



# Registration, Add & Drop Form

This box for office use only:

Document No. & Initials: \_\_\_\_\_ REG PC

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number: X X X — X — —

Circle Current Semester and Write in Year:

Summer Fall Spring

Year \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ —



Student's Signature (mandatory): \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Please print clearly, using blue or black ink: **Many classes fill rapidly.** Be prepared to make second choices!

REGISTER OR ADD — <i>First Choice Classes</i>						
Ticket #	Wait List?	Course Title & Number	Instructor signature & date are required to add full / WAIT classes	Days	Times	Units
	Yes <b>or</b> No					
	Yes <b>or</b> No					
	Yes <b>or</b> No					
	Yes <b>or</b> No					
	Yes <b>or</b> No					
	Yes <b>or</b> No					

REGISTER OR ADD — <i>Second Choice Classes</i>						
Ticket #	Wait List?	Course Title & Number	Instructor signature & date are required to add full / WAIT classes	Days	Times	Units
	Yes <b>or</b> No					
	Yes <b>or</b> No					
	Yes <b>or</b> No					
	Yes <b>or</b> No					
	Yes <b>or</b> No					
	Yes <b>or</b> No					

DROP/CANCEL CLASS	
Ticket Number	Course Title & Number

Complete this registration form as a worksheet to plan your classes prior to registering online. This completed form, along with method of payment, is required to register in person, by mail, or by fax. (**Mail or fax registration available after WebReg has ended when enrolling in distance learning courses only.**)

FAX 805-925-2093 when registering into or adding Distance Learning courses only, or to drop any course.