COLUMBUS STATE		RATION			ROP F	OR	M					
COMMUNITY COLLEGE	EFF	ECTIVE FEBRL			orm to:							
	Columbu Delaware Campus	is Campus:								Conto	rc	
RLR:prc/CSCC Registration Form/04-18-2018							-		-			
PLEASE PRINT CLEARLY AND PRESS F	IRMLY - COMPLETION O	F ALL FIEL	ds Req		ED FOR	Pro	CESSING	G ((	ONE SE	MSETE	er Pe	ER FORM)
SEMESTER/YEAR: AUTUMN		NG			SUMM	ER						
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By signing the Registration Add/Drop Form, y Records, and ID Fee per College Policy 7-06.	You agree to pay all fees asso	ciated with re	gistratio	n, res	sidency,	late ree	gistration	and o	course v	vithdra	awals.	Students
are responsible to ensure that all tuition, fees dated or the date of the instructor's signature												ster is not
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	<b>NOTE:</b> TIME CONFLICTS WILL NOT BE PERMITTED						DROP COURSE LISTED HERE:					
Course Name and Section Number	Synonym Number	This form						•				
	(5) business days of the instructor signature and date.						uctor's	Course Name and Section Number				
Instructor:												
Print Name					Instructor Signature	e <u>must</u> b	e dated		Accid	entlv I	agorC	ed Course
Signature		MMD	DΥ	Y	by the ins	structor	only					
and no deregistration for prerequisites not met. Dean/Chairperson/Chairperson Designee/Advisor/TIC Signature of Required College Employee: To be dated only by person signing for permission	and no deregistration for prerequit Dean/Chairperson//Chairperson		r D	)ean/Cł	sible deregist hairperson/C ntry into cour	Chairpers se with a	on Designee	e/ <b>Advise</b> or 'A - J	or/TIC Add' status	d):	/_	/
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