97206a

SOUTHWESTERN COMMUNITY COLLEGE
College of the Great Smoky Mountains

REGISTRATION FORM

Returning students not enrolled during the previous semester must submit a new application for admission

Form Entered By _____

Date _____

Name _____ **College ID#** _____ **Year** _____ **Term** _____
Last First Middle/Maiden

REQUIRED

COURSE PREFIX	COURSE NUMBER	SECT. NO.	COURSE TITLE	M	T	W	R	F	SA	SU	BUILD/ROOM	CREDIT HOURS	INSTRUCTOR INITIALS AFTER DROP/ADD

TOTALS _____

Student's Signature _____ DEAN (after Drop/Add period)

Date _____ _____ DATE _____

Advisor's Signature _____ **VICE PRESIDENT INSTRUCTIONAL SERVICES (if after 10% point)**

Date _____ _____ DATE _____

REGISTRAR'S COPY