P&HCC REGISTRATION REQUEST

EMPLID ID Number: _____
Last Name: _____ First Name: _____ Initial: _____ Suffix: _____
Semester: _____ Year: _____ Academic Plan: _____
Financial Aid (check one): Yes ____ No ___

Registration Request

Note: When filling out the "ADD" and "DROP" columns, check only one of the following.

ADD	DROP	5-Digit Class Number	Subject	Catalog Number	Section	Units

Withdrawal Date: _____ **Total Credits:** _____

Note: Official changes to name, address, and plan must be completed using other appropriate forms. Financial Aid recipients dropping classes should check with Financial Aid to learn the effect on Financial Aid awards.

Student Signature: _____ Advisor/Counselor Signature: _____ Date: _____