



# Registration or ADD/DROP FORM

| MPC ID NUMBER |  |  |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|--|--|
|               |  |  |  |  |  |  |  |  |  |

Students collecting Veteran's Benefits must report changes to Veteran's Office.

SEMESTER/YEAR: \_\_\_\_\_

FULL LEGAL NAME:  LAST NAME (PLEASE PRINT)  FIRST NAME  MIDDLE INITIAL

MAILING ADDRESS:  NUMBER AND STREET OR POST OFFICE BOX  APARTMENT NUMBER

CITY  STATE  ZIP CODE

E-MAIL ADDRESS: \_\_\_\_\_ PHONE #: (  )  -

Counselor's signature required if you are:

1. Registering for more than 18.0 units during a semester or 7.0 units during summer.
2. An International student (F, M) or other than Permanent Resident Visa).

## ADDS

| 4-DIGIT SECTION NUMBER  | DEPARTMENT AND COURSE NUMBER | UNITS | CHECK DAYS |   |   |    |   |    | TIME | DATE STUDENT BEGAN CLASS | INSTRUCTOR'S SIGNATURE OR ADD CODE (Required for Late Registration) |
|---|------------------------------|-------|------------|---|---|----|---|----|------|--------------------------|---|
|   |                              |       | M          | T | W | TH | F | SA |      |                          |   |
| <b>THE INSTRUCTOR'S SIGNATURE DOES NOT OVERRIDE PREREQUISITES</b> |                              |       |            |   |   |    |   |    |      |                          |   |
|   |                              |       |            |   |   |    |   |    |      |                          |   |
|   |                              |       |            |   |   |    |   |    |      |                          |   |
|   |                              |       |            |   |   |    |   |    |      |                          |   |
|   |                              |       |            |   |   |    |   |    |      |                          |   |
|   |                              |       |            |   |   |    |   |    |      |                          |   |

## DROPS

| 4-DIGIT SECTION NUMBER | DEPARTMENT AND COURSE NUMBER | INSTRUCTOR | 4-DIGIT SECTION NUMBER | DEPARTMENT & NUMBER | INSTRUCTOR |
|------------------------|------------------------------|------------|------------------------|---------------------|------------|
|                        |                              |            |                        |                     |            |
|                        |                              |            |                        |                     |            |
|                        |                              |            |                        |                     |            |
|                        |                              |            |                        |                     |            |

OFFICE USE ONLY

Computer Entry By: \_\_\_\_\_ Date \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_ CHECK CASH CC BATCH