

CANKDESKA CIKANA COMMUNITY COLLEGE REGISTRATION ACTION FORM

Name: _____ SS#: ____/____/____ Date: _____

Term: ____ Fall ____ Spring ____ Summer Year: _____

Please refer to listing below for Action # and Signature/s required

Registration Action	Signature Required
A. ADD (before deadline)	Student, Advisor
B. DROP (before deadline)	Student, Advisor
1. Override closed class	Instructor
2. Add after deadline	Advisor, Instructor, Dean of Academics
3. Drop after deadline	Advisor, Dean of Academics
4. Overload to more than 18 credits	Advisor, Dean of Academics
5. Overload to more than 9 credits (Summer)	Advisor, Dean of Academics

The processing of this form (drop and/add) will change my enrolled hours FROM: ____ TO: ____

Student's Signature: _____ Date: _____

Action # _____	Course # _____	Credits: _____
Course Title: _____		
Advisor: _____	Date: _____	
Instructor: _____	Date: _____	
Dean of Academics: _____	Date: _____	
Registrar: _____	Date: _____	

Action # _____	Course # _____	Credits: _____
Course Title: _____		
Advisor: _____	Date: _____	
Instructor: _____	Date: _____	
Dean of Academics: _____	Date: _____	
Registrar: _____	Date: _____	

Action # _____	Course # _____	Credits: _____
Course Title: _____		
Advisor: _____	Date: _____	
Instructor: _____	Date: _____	
Dean of Academics: _____	Date: _____	
Registrar: _____	Date: _____	

Action # _____	Course # _____	Credits: _____
Course Title: _____		
Advisor: _____	Date: _____	
Instructor: _____	Date: _____	
Dean of Academics: _____	Date: _____	
Registrar: _____	Date: _____	