



# Registration Form

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_  
**Student ID** \_\_\_\_\_ **Program** \_\_\_\_\_  
**Email** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Semester** \_\_\_\_\_ **Year** \_\_\_\_\_

Please indicate in the space provided below courses you intend to register for and/or courses you intend to drop or withdraw. If you have courses requiring instructor or additional special approvals not listed on this form, please fill out the **Course Exemption Form**. For policies regarding payment obligations contact the GCC Business Office. For information regarding tuition and fees, please refer to the GCC Academic Catalog.

CRN	Course	Sec	Course Title	Day	Time	Add	Drop	Withdraw

### Approvals (If Applicable)

Approved - Continuing Education Approval (Apprenticeships, etc.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved - Business Office Approval

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved - Health Services Center Clearance

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing below, I acknowledge that I assume academic and financial responsibility for these adjustments to my registration. I acknowledge that I will be responsible for the full tuition and fees unless I officially drop courses before the end of the schedule adjustment period.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_