



CONTRA COSTA COMMUNITY COLLEGE DISTRICT

Registration Form
Admissions and Records Office

Date Stamp & Operator Initials

Contra Costa College Diablo Valley College Los Medanos College

Student ID Number

Term/Year:

Fall 20__ Spring 20__ Summer 20__

Last Name (Please print clearly)

First Name

Middle Name

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Course Adds

Section	Course	Units	Time	Add Authorization (Instructor Signature)	Comments
Example: 0001	Engl-001A	3	1-3PM	Only required once the class begins	Office use only

Course Drops

Section	Course	Units	Reason
Example: 0001	Math-120	3	CM

Reasons

CA: CA Residency Issues	HM: Health/Medical
CN: Course not needed	CH: Childcare
TD: Class is too difficult	WO: School Workload
TC: Course/Textbook Costs	IN: Instructor Issues
TR: Transportation	TM: Time Management
FH: Food/Housing Challenges	OT: Other

By registering for courses and signing this form I agree to:

- Assume financial responsibility for any charges and/or fees posted to my account.
- Assume responsibility for understanding college policies concerning schedule changes and their impact to refunds, financial aid, and VA eligibility.
- Review "My Class Schedule" in InSite for drop and refund deadlines and college catalog for other policies and procedures.
- Check my InSite email account for important messages.

Student Signature: _____ **Date:** _____

Processed by: _____ Date: _____
