



**REGISTRATION**

To be used during registration and add/drop periods only.

**CF ID No.:** \_\_\_\_\_

**Legal Name:** \_\_\_\_\_  
Last First Middle (complete) Jr., etc.

**Telephone No.:** \_\_\_\_\_ **Patriots Email:** \_\_\_\_\_ @patriots.cf.edu

**Student Signature:** \_\_\_\_\_

By signing above I am requesting that the adjustments below be made to my schedule. I understand it is my responsibility to check the MyCF portal. Approval of this request is not guaranteed.

**Semester:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(For course number in the chart below, type in the first box and then the cursor will advance to the next box.)

ACTION A/D/AU*	COURSE NUMBER								SECT	CR HRS

\*Action: A = Add/Register D = Drop AU = Audit

**CF office use only.**

**Reason for Registration:** \_\_\_\_\_

**Processed by:** \_\_\_\_\_ Date: MM/DD/YY

Return completed form to your advisor or to the CF Enrollment Services Center, CF Ocala Campus, 3001 S.W. College Road, Ocala, FL 34474-4415.