

REGISTRATION

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

CF ID No.:					
Legal Name:		First		Middle (complete)	Jr., etc.
Last		THSt		Middle (complete)	J1., etc.
Telephone No.:	P	Patriots Email:			@patriots.cf.edu
Student Signature:					
By signing above I am requesting that check the MyCF portal. Approval of t	the adjustments b	elow be mad			my responsibility to
Semester:	Year:			Date:	
(For course number in the chart below,	type in the first bo	x and then th	e cursor will ac		
ACTION A/D/AU*		COURSE NUMBER		SECT	CR HRS
*Action: A = Add/Register D = D	Drop AU = Audi	t			
CF office use only.					

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.

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