

## REGISTRATION

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

CF ID No.:					
Legal Name:		irst		Middle (complete)	Le oto
Last	First			Middle (complete)	Jr., etc.
Telephone No.:	Patriots Email:				@patriots.cf.edu
Student Signature:					
By signing above I am requesting that check the MyCF portal. Approval of			o my schedi	ule. I understand it is r	ny responsibility to
Semester:	Year:	Year:			
(For course number in the chart below,					
ACTION A/D/AU*		COURSE NU	MBER	SECT	CR HRS
*Action: A = Add/Register D = I	Orop AU = Audit				
CF office use only.					
Reason for Registration:					
Processed by:					
_			Date: M	M/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.

College of Central Florida does not discriminate against any person on the basis of race, color, ethnicity, religion, gender, pregnancy, age, marital status, national origin, genetic information, sexual orientation, gender identity, veteran status or disability status in its programs, activities and employment. For inquiries regarding nondiscrimination policies contact Dr. Mary Ann Begley, Director of Diversity and Inclusion – Title IX Coordinator, Ocala Campus, Building 3, Room 117H, 3001 S.W. College Road, 352-291-4410, or Equity@cf.edu.