

## 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.

College of Central Florida does not discriminate against any person on the basis of race, color, ethnicity, religion, sex, 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, Title IX Coordinator, Ocala Campus, Building 3, Room 116, 3001 S.W. College Road, 352-291-4410, or Equity@cf.edu... SA-AR11MKPR www.CF.edu 352-873-5800 Revised 2/11/2019 Page 1 of 1