



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.