



PLEASE BE SURE TO COMPLETE ALL FIELDS AND SAVE THIS FORM

BALTIMORE CITY COMMUNITY COLLEGE REGISTRATION/ ADD/ DROP / WITHDRAWAL FORM

☐ Please check box if your address has changed since your last semester of attendance.

1. STUDENT ID #:

X	X	X	X	X				
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 E-MAIL: _____
2. NAME: _____
Last First MI
3. CURRENT ADDRESS: _____
Street Address
City State Zip
4. HOME #: _____ WORK #: _____ ALTERNATIVE #: _____
5. MAJOR: _____

Semester/Session

☐ Fall 20____

- ☐ 16 Weeks
☐ Accelerated I
☐ 12 Weeks
☐ Accelerated II

☐ Winter 20____

☐ Spring 20____

- ☐ 16 Weeks
☐ Accelerated I
☐ 12 Weeks
☐ Accelerated II

☐ Summer I 20____

☐ Summer II 20____

REGISTER/ADD ONLY

Index Number	Course Code	Campus/ Site	Credit Hours	Billable Hours	Days M T W R F S N	Time From To	Dean/Assoc. Dean Signature for Audit/Override/Other

DROP/ WITHDRAWAL ONLY

- ☐ Drop
☐ Withdrawal

4-Digit Index Number	COURSE CODE

Advisor Signature: _____ Advisor Code: _____ Date: _____

Please read and sign the following:

To the best of my knowledge, every statement I have made on this Form is correct. By my signature, I acknowledge my responsibility for payment of tuition and fees generated by this registration. I understand that I must make arrangements to pay my bill by the due date and that I am responsible for all charges unless I drop my classes by the end of the Add/Drop period for this semester/session. Failure to attend classes or submit registration changes in writing with the Registrar's Office does not relieve me of my financial obligations to Baltimore City Community College.

I realize that deliberately falsifying or omitting information could be grounds for dismissal from the college. I understand that it is my responsibility to notify the Records and Registration Office of any changes in this information. I accept and agree to abide by all policies and regulations of Baltimore City Community College including those concerning drug and alcohol abuse. I understand that the unlawful use of drugs or alcohol will subject me to the penalties contained in those policies and regulations.

Student Signature: _____ Date: _____

Records & Registration Office Signature: _____ Date: _____