



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____
 - Accelerated I
 - 16 Weeks
 - 14 Weeks
 - 12 Weeks
 - 10 Weeks
 - Accelerated II
 -
 - Winter 20____
 - Spring 20____
 - Accelerated I
 - 16 Weeks
 - 14 Weeks
 - 12 Weeks
 - 10 Weeks
 - Accelerated II
 -
 - Summer I 20____
 - Summer II 20____

REGISTER/ADD ONLY

DROP/ WITHDRAWAL ONLY

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

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: _____