

Registration Form - Add / Drop / Withdrawal

Section A	First Name: Middle Name: Last Name: Street: City, State: Zip Code:		Student ID: Major Email: Phone (C): Phone (H):	В		Section B	Winter 20 Spring 20 Summer (I) 20 Summer (II) 20 Fall 20	16 Weeks 14 Weeks 12 Weeks 10 Weeks 8 Weeks Accelerated I Accelerated II		
Section C	Action (Add/Drop/Withdrawal)	CRN Number	Course Code	Campus /Site	Credit Hours	Days	Time	Overrides (Dean / Assoc. Dean Only)		
	(Add/Diop/Withdrawai)							Assoc. Dean Only)		
PLEASE READ AND SIGN 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:										
	Student Success Center	Use Only	コ					7/6/2022 bek		



Records and	Registration	Use	Onl	y
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Advisor Code: Advisor Signature:

Advisor Name:

Date:

Processed By: Date: