



# FALL REGISTRATION FORM

OFFICE USE ONLY

**TUITION STATUS:**

IN-STATE

OUT-OF-STATE

Data Entry \_\_\_\_/\_\_\_\_

Student ID Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle/Maiden

Street Address/ P.O. Box No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

➔ To change your curriculum, name, address, or phone number, please complete a Change Form with the Admissions & Records Office.

Class Number	Subject	Course Number	Course Section	Session	"X" if Audit	"X" if Repeat	Course Title	Credit	Day(s)	Time
11479	SDV	100	91	1			College Success Skills	1	TH	2-3:50

**INSTRUCTIONS:**

- It is recommended you see a counselor or advisor if your cumulative GPA is less than 2.0
  - Students requiring developmental courses, it is suggested you meet with an advisor or counselor before registering (for example: ENG 04, MTH 03)
  - All students must meet course prerequisites
- Note: If student attended an institution other than Germanna, documentation of prerequisites must be provided.

Total Credits

➔ If you do not meet the above criteria, your registration must be approved by a counselor or advisor (see PERMISSION TO REGISTER below). For further information, contact the Admissions & Records Office at either campus.

**ADVISOR COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERMISSION TO REGISTER**

I have assessed this student's educational background and experience and, in my professional opinion, he/she has the required reading, writing, and/or math skills to enroll in the courses listed above.

I understand that I am responsible for having satisfied all placement testing requirements, prerequisites, and co-requisites, and that I must pay for the class(es) to complete this registration by the appropriate payment deadline.

Advisor/Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**REQUEST FOR EXCEPTIONS**

Request to register for more than 18 credits excluding SDV 100. (GPA 3.0 Required) \_\_\_\_\_  
Approved/Disapproved: \_\_\_\_\_ GPA: \_\_\_\_\_

Request permission to audit the following classes: \_\_\_\_\_  
\*Audited Classes are not counted in your course load for Financial Aid.  
Approved/Disapproved: \_\_\_\_\_ Reason: \_\_\_\_\_

Signature of Dean: \_\_\_\_\_