



Course Registration

Submit Completed form through your student email to MJCSeForms@mjc.edu. Forms will **NOT** be accepted prior to your registration date and time.

Today's Date: _____

Student Information

First Name: _____ Middle Initial: _____ Last Name: _____

Student ID: w _____ Birthdate: _____ Phone Number: _____

Course Information

Term/Year: Fall _____ Spring _____ Summer _____

Section #	Course Name & Number	Access Code	Refund Date	Census Date
1234	MBUSAD - 201	1234	08/27/2020	Office Use Only

Student Signature: _____ Date: _____

I acknowledge that I have been added to a waitlist. **If** I am granted access to the course by the instructor, I am aware that I need to return to Enrollment Services with the necessary documents and the access code. _____ (initials)

OFFICE USE ONLY

Registered by: _____ Date: _____ ID Verified

- Pre-Requisite/Co-Requisite Time Conflict H.S. Max 10% MXW
- 3rd Enrollment Student Petition Grade Improvement STAC

Comments: _____