

Merced College SCHEDULE REQUEST

STUDENT I D NUMBER

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K-12 Student
 Continuing Student
 New/Former Student

LEGAL NAME: Do not use nicknames

Mr. Miss Mrs. Ms.

Telephone _____

LAST NAME

FIRST NAME

MIDDLE NAME

2009
 2010
 2011

 Fall
 Spring
 Summer

COURSE REGISTRATION/ADDS

Instructional Dean's signature required if effective date is after 3 RD week						OFFICIAL USE ONLY		
SECTION NO.	COURSE	UNITS	DAY	TIME	INSTRUCTOR	If Prerequisite not met Counselor's Signature Required	INSTRUCTOR'S SIGNATURE if needed	DATE OF FIRST ATTENDANCE
EXAMPLE: 0001	<i>Engl A</i>	3	Mon.	7-10 pm	Wright			

COURSE DROPS

				OFFICIAL USE ONLY
SECTION NO.	COURSE	DAY	TIME	COUNSELOR'S SIGNATURE REQUIRED IF DROPPING ENGL 41, ENGL 41L OR GUID 54
EXAMPLE: 0001	<i>English A</i>	Mon.	7-10 pm	

PASS / NO PASS

Students have until the end of the following semester to change from PASS to a letter grade

SECTION NO.	COURSE	UNITS
EXAMPLE 0001	<i>English A</i>	3

STUDENTS ENROLLING IN A LAB CLASS INVOLVING READING, WRITING, MATH, SCIENCE OR EXERCISE WILL ALSO BE ENROLLED IN A NON-CREDIT CLASS FOR RECORD KEEPING PURPOSES.

STUDENT SIGNATURE _____ **Date** _____