



Name: \_\_\_\_\_ Term:  Fall  Spring
Student ID Number: \_\_\_\_\_ Birthdate: \_\_\_\_\_  Summer  Year-round

Register/Add/Audit – Once a student begins a course for credit, he/she cannot change to audit status.

Table with 8 columns: CRN, Course Prefix/No., Credit Hours, Class Day(s), Class Time, Faculty or Administration Approval Signature only, Approval Reason\* (1, 2, 3), End Date.

\*Approval Reasons: 1 - Override maximum class enrollment 2 - Allow late registration 3 - Override prerequisite (must also complete Faculty Prerequisite Form below)

Drop/Withdraw

Table with 4 columns: CRN, Course Prefix/No., Credit Hours, Approval Signature (only for instructor-initiated withdrawals)

Advisor's Initials: \_\_\_\_\_

Hold override required? Yes / No

Hold type: \_\_\_\_\_

Pima Community College is an equal opportunity, affirmative action employer and educational institution committed to excellence through diversity. Upon request, reasonable accommodations will be made for individuals with disabilities. Every effort will be made to provide reasonable accommodations in a timely manner. For public and employee accommodation requests, contact the College ADA Coordinator at (520) 206-4539. For PCC student accommodation requests, please contact the appropriate campus Disabled Student Resource office (520) 206-4500 (TTY 520-206-4530).

Student's Signature (required) \_\_\_\_\_ Date \_\_\_\_\_ Advisor's Signature (if needed) \_\_\_\_\_ Date \_\_\_\_\_

IT IS THE STUDENT'S RESPONSIBILITY TO RETAIN THE PINK COPY OF THIS DOCUMENT AS A RECORD OF THIS TRANSACTION.



Please print clearly

Faculty Name: \_\_\_\_\_ Campus \_\_\_\_\_

Faculty Signature: \_\_\_\_\_

Please check and complete one of the following:

I am waiving the prerequisite for Course \_\_\_\_\_ CRN# \_\_\_\_\_ for the following reason:

Note to faculty: Please inform the student that this form allows registration for your CRN only. If the student wishes to switch to a different section of the course, the student must obtain a signed Faculty Prerequisite Form from the faculty of record for that CRN.

OR

After reviewing the student's transcript from \_\_\_\_\_ (college) I have determined that

\_\_\_\_\_ meets the prerequisite or any section of \_\_\_\_\_ (course prefix, number and title) (course prefix and number)

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