



SACRAMENTO CITY COLLEGE
EST. 1916

Enrollment Request Form

YEAR **20** _____

SEMESTER Fall
 Spring
 Summer

Student ID:

Name:

(PLEASE PRINT) LAST FIRST M.I.

CLASSES TO BE ADDED				FOR REINSTATE OR LATE ADDS	
CLASS NUMBER	COURSE TITLE	UNITS	PERMISSION NUMBER	INSTRUCTOR'S PRINTED NAME	INSTRUCTOR'S SIGNATURE

CLASSES TO BE DROPPED		
CLASS NUMBER	COURSE TITLE	UNITS

REINSTATE OR LATE ADD INSTRUCTIONS:

Instructors: By signing this form above, you confirm the student attended your class prior to census.

STUDENT SIGNATURE

DATE

STAFF: _____ DATE: _____

Enrollment Request rev. 7-12-19



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