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**Name**                      Last                      First

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**Student ID**


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**Date**


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**Term and Year**

## TAFT COLLEGE ADD CLASS REGISTRATION FORM

(CRN) Course Registration #	Subject	Course #	Section	Title	Instructor	Units

**Student's**  
**Signature** \_\_\_\_\_

**\*Instructors**  
**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Office Use Only:**

Section Change: \_\_\_\_\_

Add entered \_\_\_\_\_ as of \_\_\_\_\_

Reinstatement by Instructor as of \_\_\_\_\_

*\*Note: Add slip will not be processed until student has satisfied any prerequisites for the course.*