
Name Last First

Student ID

Date

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.*