

Registration/Add/Drop Form

Last Name _____ First _____ Middle/Maiden _____

Student ID# _____ Fall Spring Summer Academic Year **2009/2010**

Current Phone Number _____

If you are currently attending another college, please specify: _____

Will you be transferring Edison credits back to this college at the end of this term? YES NO

PIQUA
1973 EDISON DRIVE
PIQUA, OH 45356
937-778-8600

DARKE COUNTY
601 Wagner Ave.
Greenville, OH 45331
937-548-5546



REGISTRATION — FOR OFFICE USE ONLY			
By	Date	Piqua Campus	
		Darke Co. Campus	
		Mail-In	
		Email-In	
		Fax-In	

ENROLLMENT SERVICES 11/09

To ADD Class(es) If addition or change to existing schedule, check here

	Dept	Number	Section	Term	Hr	Aud*	M	T	W	Th	F	Sa	Su	Time Start	Time Stop	Term Start	Term End
EX	ENG	121S	001SS	2009SS	3	x	x	x	x	x	x	x	x	12:00	2:45	01/17/10	05/15/10
1																	
2																	
3																	
4																	
5																	
6																	
7																	

Total Credit Hours _____ *Audit (fees apply; no academic credit for audited courses)

To DROP Class(es)

Dept	Number	Section	Term	Hr	Why are you dropping this course(s)?	Advisor/Instructor Notes:
1					<input type="checkbox"/> Schedule/section change <input type="checkbox"/> Registered for too many hours <input type="checkbox"/> Conflict with work <input type="checkbox"/> Dissatisfaction with instructor <input type="checkbox"/> Change of major/interest <input type="checkbox"/> Childcare/family conflict <input type="checkbox"/> Demands of the class were too great <input type="checkbox"/> Transportation problems <input type="checkbox"/> Financial problems <input type="checkbox"/> Other _____	
2						
3						
4						
5						

Advisor's Signature _____ Date _____

(Advising recommended for all students; advisor signature required for PSEOP, TechPrep and Academic Probation students)

I understand that by registering for the above classes I am responsible to pay for these classes unless I officially drop them during the 100% refund period as published in the College catalog.

Student's Signature _____ Date _____

IMPORTANT NOTES

- If you are a new student, complete an Application for Admission before attempting to register.
- If you are a PSEOP, Tech-Prep, or Academic Probation student, you must secure an advisor's signature on this form in order to register.
- For an advising appointment, call 1-800-922-3722.
- Transient students must attach proof of pre-requisites to the registration form.
- Any registration submitted after mail-in due date must include payment. Checks should be made payable to Edison Community College.

HOW TO REGISTER

Because we cannot confirm your identity, no registration activity will be accepted by phone.

Online by pointing your browser to <http://www.edisonohio.edu/webadvisor/>

In Person at the Piqua or Darke County Campuses

Through Email* by printing, signing, scanning, and emailing this form to registration@edisonohio.edu. Please note that registrations by email must be sent from your Edison email address to ensure the integrity of your request. Requests made from other email addresses will not be accepted.

By Fax* to 937-778-4692

By Postal Mail* to the Edison campus you attend. Addresses are available on the top of this form.

* Registrations received by email, fax, or postal mail may be delayed in processing. To avoid these delays and ensure your course preferences are granted, register online or in person.