

CFK CREDIT REGISTRATION FORM USE:

- TO REGISTER STUDENTS.
- AFTER DROP/ADD PERIOD A SIGNED INSTRUCTOR PERMISSION FORM IS REQUIRED IN ADDITION TO THIS FORM.
- DO NOT USE FOR WITHDRAWALS. A separate form is required and must be submitted directly from the instructor to ADMISSIONS@CFK.EDU.



PAYMENT DUE: PER COLLEGE TERM DEADLINES OR UPON REGISTRATION IF WITHIN OR AFTER THE DROP/ADD PERIOD.

AUDIT STUDENTS: Changes from credit to audit require student's signature. *Audit students may not change to credit once the drop/add period has ended. Veterans and other students with special registration codes may not audit any course. See Staff Instruction 1.*

Name: _____	Student ID Number:											
Last	First	Middle										

INDICATE TERM OF REGISTRATION: FALL _____ SPRING _____ SUMMER _____ **ADVISING INITIALS:** _____ **PROBATION READMIT:** _____ **SUSPENSION READMIT:** _____

A (Add) or D (Drop)	If Audit Enter 'Y'	Course Prefix	Course Number	CRN	Semester Hours	Title	Days	Time	Advisor's Initials (See Staff Instruction 2)

TOTAL: _____

Advisor's Signature _____
Degree and certificate-seeking students need an advisor's signature to register.

Date _____

Dean's Signature (only if required) _____

Date _____

Staff Instruction 1: Audit for RE or OD students only; not permitted for Veterans under Vets programs.

Staff Instruction 2: Advisor initials are needed to override conditions such as test scores, prerequisites, corequisites and repeat attempts.

By registering for courses, I understand and agree that I am registering for courses and am responsible for the payment of all tuition and fees by the established due dates on academic calendar, unless I drop the courses during the refund period. If my account becomes delinquent, I will be responsible for paying the College all past due amounts/service charges and any associated collection agency fees up to a maximum of 30% of the account balance, reasonable attorneys' fees, cost and expenses incurred by the College in its collection efforts. I agree to give CFK and its agent's permission to contact me on my home or mobile phone, email address, and mailing address. By signing below, I am entering into a legal and binding contract with The College of the Florida Keys and I hereby acknowledge that I have read and understand the Terms and Conditions of this registration agreement and Student Financial Responsibilities policy located in Student Catalog.

Student's Signature _____

Date _____

I understand that I may have additional fees applied to my account due to 3rd or 4th course attempt.

COMMENTS FOR OFFICE USE ONLY: _____