



PRE-ENROLLMENT FORM

School Year : _____

Semester : _____

Date : _____

Student Number : _____

Course : _____

Year : _____

Name of Student : _____

SUBJECT(S) TO ENROLL

CLASS CODE	SUBJECT	UNITS	TIME	DAYS	ROOM
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Total Units: _____

TIME	M	T	W	H	F	S
0730-0900AM						
0900-1030AM						
1030-1200AM						
1200-0130PM						
0130-0300PM						
0300-0430PM						
0430-0600PM						
0600-0730PM						
0730-0900PM						

Student's Signature over Printed Name
Date Signed: _____

Approved : _____
Dean's Signature over Printed Name
Date Approved: _____