Course Registration

Submit Completed form through your student email to ccadmissions@yosemite.edu.

Forms will __NOT__ be accepted prior to your registration date and time.

Student Information

First Name:_____ Middle Initial:_____ Last Name:_____

Student ID: w_____ Birthdate:_____ Phone Number:_____

Course Information

Term/Year: ☐ Fall_____ ☐ Spring_____ ☐ Summer _____

Section #	Course Name & Number	Census Date
Example: 4040	*Example: CART-1*	*Office Use Only*
		Office Use Only
		Office Use Only
		Office Use Only
		Office Use Only
		Office Use Only
		Office Use Only

Student Signature:_____ **Date:**_____

OFFICE USE ONLY

Registered by: _____ Date: _____ ID Verified ☐

Comments: