Northern New Mexico College
COURSE REGISTRATION FORM

Date _____ **Term** _____

Student Name _____ **Student ID** _____

Address _____ **Major** _____

_____

Phone (hm) _____ **(wk)** _____ **email** _____

CRN#	SUBJ	COURSE#	SECT#	TITLE OF COURSE	DAYS	HOURS	CR/HR	AUD	PRE-R OVR

_____ _____
Student Signature **Date** **Advisor Signature** **Date**

Waiver for schedule overload (above 9cr Summer, 21cr Fall & Spring)

_____
Dean of Instruction

Waiver for course overload in: DEPT: _____ **NUMBER:** _____ **SECTION:** _____

_____
Department Chairperson