



Course Registration Form

OFFICE OF THE REGISTRAR

3201 W Commercial Blvd #127 | Fort Lauderdale, FL 33309
(305) 751-0001 | (305) 751-9991

STUDENT GENERAL INFORMATION

Student Name: _____

Azure ID: _____ SSN: **XXX - XX -** _____

Program: _____ Track: _____

Campus: _____ Date: _____

Phone: _____ Email: _____

COURSE REGISTRATION INFORMATION

List the course(s) you wish to register for below. NOTE: Complete all the fields. Registration forms that are incomplete will not be processed.

- I understand that I must be officially registered prior to the start date of course(s) in order to participate in and receive academic credit for those courses. I am responsible for reviewing my registration and academic record each semester for accuracy and for promptly notifying my program office/advisor of any discrepancies.
- I agree to pay all Azure College charges as per the policies outlined in the College Catalog. I understand that my Azure email is the official means that the college will use to communicate with me. It is my responsibility to check my email regarding my financial obligations. I understand that a past due account balance will result in a financial hold, which prevents future registrations as well as other services being offered in accordance with College academic policies.

COURSES TO ADD

Quarter	Course ID	Course Title	Section	Start Date	End Date	Qtr. Hrs.

COURSES TO DROP

Quarter	Course ID	Course Title	Section	Start Date	End Date	Qtr. Hrs.

STUDENT SIGNATURE

I hereby certify that the above information are true and correct to the best of my knowledge and that I meet the prerequisites as listed for each course for which I have registered. I have read the current College Catalog and agree to abide by it. I authorize the release of grade information on the above course(s) to my employer, if my employer is paying for my course(s). By signing this form, I verify that I understand and agree to abide by the complete policy on academic integrity and procedures for discipline of academic integrity violations as stated in the College Catalog.

Signature: _____ Date: _____