

PLEASE PRINT

Registration/Add-Drop Form

Morton College

Last Name _____ First Name _____

Number and Street _____

City _____ State _____ Zip _____ Phone _____

Student Identification Number _____

Term Fall 20____
 Spring 20____
 Summer 20____

Register/Adds	Course Code No.							Course Title							SH	Instructors Initials for Closed Section Override	

Drops	Course Code No.							Course Title							SH	

I certify that the above information is correct and understand that falsification may result in dismissal from College.

TOTAL

Student Signature _____ Date _____

Advisor Approval _____ Date _____

OFFICE USE

Residency Status:

Resident-District 527

Driver's License Voter's Registration

State ID Public Utility Bill

Other Bank Statements

Out of District Out of State

Date _____

OAR Initials _____

OAR/ADVISING
WHITE

STUDENT
YELLOW

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