

Registration/Schedule Adjustment Form

Semester Fall _____ Spring _____ Summer _____ 20 _____

Student Name _____ Student Number _____
(Last) (First)

Address _____
Street City State Zip

Email Address _____ Phone _____

Required Information: Have you registered for the College Opportunity Fund (COF)? Yes No
 If you are a Colorado resident, you must apply for COF to receive the in-state tuition stipend which pays portion of your total in-state tuition. Your signature below authorizes payment of your COF stipend (if eligible) to LCC for the courses listed below. If you wish to exclude any course from your stipend please initial the column.

Example: <i>ENG 121 001 3</i>					** Authorized signature (if applicable)	Schedule Revisions Only	
CRN #	Course	Section	Hrs	* No COF		Add	Drop
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		

* If COF is refused, the student is held financially responsible for the entire cost of registered courses.

** Students must obtain the signature of the instructor to add a course after the 5th day of the class.

STUDENT SIGNATURE IS REQUIRED

If a class is dropped after Census Date, the student is financially responsible for the tuition and fees. **It is the responsibility of the student to make changes to his/her schedule. Changes are not considered official until they have been received and processed by the Admissions & Records office.**

Student Signature _____ Date _____

All signatures must be secured before submitting this request to the Student Services Office.
 Fax: 719-336-2400 Email: admissions@lamarcc.edu