

Class Schedule Form

Print using **black** ink and complete all requested information

Attention: You must have an Application for Admission on file and be accepted to DMACC before you may register for credit classes.

Section	1 1 – P	ersona	l Infor	mation:	Fall 🗖	Sprin	g 🔲 Sumn	ner 🗖	DMACC ID#											
					City	Middle City State Zip														
Home Phone: ()Cell: ()							Wo	ork: <u>()</u>		_ Birt	h (MN	I/DD/Y	YYY):							
* Tuition bills will be sent to your DMACC email address and a personal email address (if yo														(if you l	have pro	ovided i	t to DI	MACC).		
	Section 2 – Academic Program: NOTE: If you changed your program of interest since your last registration – contact the Admissions Office to complete a Program Change Form. Program of Interest:															je Form.				
Section 3 – Educational Goals: Check one that best describes your current objective at DMACC																				
CC: Prepare to change careers CL: Meet Certification or licensure requirements EX: Explore course to decide on career IS: Improve skills for present job SI: Self Improvement TA: Transfer to another college or university UN: Undecided																				
Section 4 – Class Information																				
CRN	SUB	CRS	SEC	COURSE	TITLE	CR	DAYS	TIN	TIME			DATES					BUILDING / ROOM			
																			-	
				Total Credits	s Enrolled →															
Section 5 – *Authorization for Registration: *Student must initial each statement below I understand that I am responsible for tuition and fees that result from this registration and I will retain my copy of this form for my records. It is my responsibility to understand registration add and drop deadlines available on the DMACC website Registration pages. Being on a course Wait List does not guarantee successful enrollment in the course. Details are listed on the DMACC website Waitlist page.																				
Studer	Student Signature Date Schedule Checked By																			