

CFK CREDIT REGISTRATION FORM USE:

- TO REGISTER STUDENTS. This form must be submitted directly to advising.services@cfk.edu
- DO NOT USE FOR WITHDRAWALS. A separate form is required and must be submitted directly from the instructor.

PAYMENT DUE: PER COLLEGE TERM DEADLINES OR UPON REGISTRATION IF WITHIN OR AFTER THE DROP/ADD PERIOD.

AUDIT STUDENTS: Changes from credit to audit require the student's signature. *Audit students may not change to credit once the drop/add period has ended. Veterans and other students with special registration codes may not audit any course. See Staff Instruction 1.*



Name: _____	Student ID Number:								
Last	First	Middle							

INDICATE TERM OF REGISTRATION: FALL _____ SPRING _____ SUMMER _____ **ADVISING INITIALS: PROBATION READMIT: _____** **SUSPENSION READMIT: _____**

A (Add or D (Drop)	If Audit Enter 'Y'	Course Prefix	Course Number	CRN	Semester Hours	Title	Days	Time	Advisor's Initials <small>(See Staff Instruction 2)</small>

TOTAL: _____

Advisor's Signature	Date	Dean's Signature (only if required)	Date
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Degree and certificate-seeking students need an advisor's signature to register.

LATE REGISTRATION: Registration after the first day of class requires instructor permission. Full payment is due immediately. An individual form is required for each instructor's signature.

Instructor's Signature	Date
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Staff Instruction 1: Audit for RE or OD students only; not permitted for Veterans under Vets programs.

Staff Instruction 2: Advisor initials are needed to override conditions such as test scores, prerequisites, corequisites and repeat attempts.

By registering for courses, I understand and agree that I am registering for courses and am responsible for the payment of all tuition and fees by the established due dates on the academic calendar unless I drop the courses during the refund period. If my account becomes delinquent, I will be responsible for paying the College all past due amounts/service charges and any associated collection agency fees up to a maximum of 30% of the account balance, reasonable attorneys' fees, costs, and expenses incurred by the College in its collection efforts. I agree to give CFK and its agent's permission to contact me on my home or mobile phone, email address, and mailing address. By signing below, I am entering into a legal and binding contract with The College of the Florida Keys, and I hereby acknowledge that I have read and understand the Terms and Conditions of this registration agreement and Student Financial Responsibilities policy located in the Student Catalog. I understand that I may have additional fees applied to my account due to 3rd or 4th course attempt.

Student's Signature	Date
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COMMENTS FOR OFFICE USE ONLY: _____