



HIBBING COMMUNITY COLLEGE Registration Action Form

Name: _____ Student ID #: _____ Birth Date: _____
(Please Print) Last First MI
Semester: Fall _____ Spring _____ Summer _____

Student Signature: _____ Date: _____

Action #: _____ Course number & section: _____ Credits: _____
(See below) Course Title: _____

Signatures (where required)

Instructor: _____ Date: _____
Advisor/Counselor: _____ Date: _____

Action #: _____ Course number & section: _____ Credits: _____
(See below) Course Title: _____

Signatures (where required):

Instructor: _____ Date: _____
Advisor/Counselor: _____ Date: _____

Action #: _____ Course number & section: _____ Credits: _____
(See below) Course Title: _____

Signatures (where required):

Instructor: _____ Date: _____
Advisor/Counselor: _____ Date: _____

Registration Action	Signature Required
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- | | |
|---|----------------------------|
| 1. ADD (during 1 st 5 days) | (no signature required) |
| 2. ADD (after 5 th day) | Instructor and Advisor |
| 3. DROP (during 1 st 5 days) after 5 days must petition | (no signature required) |
| 4. Section change after last day to add | Instructor of each section |
| 5. Add after deadline (Action Date) | Instructor and Advisor |
| 6. Elect audit grading | (no signature required) |
| (1st Day of Classes through Last Day to Add) | |
| 7. Override Full Capacity (Class Limit) | Instructor |
| 8. Overload to more than 19 credits (Fall/Spring) | Advisor/Counselor |
| 9. Overload to more than 9 credits (Summer) | Advisor/Counselor |
| 10. Override pre-requisites missing | Instructor or Department |

Please return form to Registration Office in Student Services.

This document may be available in alternative formats to individuals with disabilities by calling 218-262-7200 or 1-800-224-4422.