Bring this form to the Records and Registration Office in Rhodes Hall on the Leffel Lane Campus.

Clark State Community College

Schedule Request

_____/_____

Social Security Number Major*

_____

Name/last, first, middle* *(Please print)*

_____

Street address*

_____

City, state, zip

_____/_____

Phone - home Phone - work

❑ *Check if you have a new name, address, phone or major.

Request for: ❑ Fall ❑ Winter ❑ Spring ❑ Summer *(all terms)*

(One quarter per card)

_____/_____

Student signature Date

Records and Registration Office: _____/_____

Initial Date

Course number	Section	Approval, if needed
Example: ACC111	*1*	