POLK STATE

REGISTRATION COURSE LIST FORM - FALL 2024

Please fill out the information below clearly.

NAME: _____   _____   _____

                   Last   **First**   **Middle Initial**

PASSPORT ID: _____   **OR**   BANNER ID: _____

	Subject	Course	CRN # (old Reference #)	Course Title	Credit Hrs.	Time	Days (M, T, W, R, F)
EXAMPLE→	ENC	1101		College Composition 1	3	9- 10:15 am	T/R

- I accept full responsibility for accuracy of course(s) selected.
- I understand my fees must be processed by the published deadline date on my registration schedule or my registration will be cancelled.
- I understand if I choose to drop with a refund, I must process the drop with the Registrar's Office by the published deadline "last day to drop with refund."

_____   _____

           Student Signature   **Date**