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THIS FORM MUST BE SUMBITTED TO THE OFFICE OF ADMISSIONS AND RECORDS AT **OCEAN CAMPUS MUB 188** UPON REGISTRATION, OR NO LATER THAN 30% OF THE LENGTH OF THE COURSE FOR THE SCHOOL TERM AND/OR SHORT TERM COURSE.
PLEASE SEE SCHEDULE OF CLASSES.

Student's ID _____ Student's Name (Please Print: Last Name, First Name) _____ Semester/Year _____

CRN	SUBJ	COURSE	SEQ	DAYS	TIMES	UNITS	INSTRUCTOR

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Revised: 01/20

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