ST. JOHNS RIVER STATE COLLEGE
DUAL ENROLLMENT & COLLEGIATE HIGH SCHOOL

Registration Adjustment Form

1. You must obtain the High School Dual Enrollment Contact's signature.
2. If you submit a schedule change (add/drop), please let us know if we should process the request if the new course/section is closed. Otherwise we will process the drop as requested.
3. You should only list a course to be dropped if you are officially registered in it already.
4. TERM: 1= Full Semester, 2 = A mini-semester, 3 = B mini-semester

ADD: DROP:

Term 1-2-3	Section # (CRN)	Course Prefix & Number	Credit Hours	DE Code Office Use Only		Term 1-2-3	Section # (CRN)	Course Prefix & Number	Credit Hours

□ KEEP CURRENT SCHEDULE IF NEW REQUEST CAN'T BE PROCESSED.

I ACCEPT FULL RESPONSIBILITY FOR ADDING OR DROPPING COURSES.

Print Name: _____ SJR State Student ID #: X00_____

_____ _____ _____
Student Signature High School Date

Student's SJR State Email (Required): _____

☐ Dual Enrollment ☐ Early Admissions ☐ Collegiate High School

_____ _____
High School Dual Enrollment Contact Signature Date/Time

Reason for adjustment: _____

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