

Course Registration

NAME: _____

Enrollment Services

CSI ID#: _____

Taylor Building – Eagle Central Phone: 208-732-6250

Email: enrollment@csi.edu

	V D D	COLIDS	E/6/		
Course/Lab Number	ADD COUR Course Title		Cr	Audit? Mark if yes	Instructor's Signature (For courses that require instructor approval for enrollment)
ENGL 101 C02	English Composition		3		Example
If you are with	DROI A dropped course does drawing from a course, you r	P COUR s not show on must use a 0	on a stu	dent's tran	script. Complete Withdraw form.
Course/Lab Number		Course Title			
Student Signature:	Date:				
	,				
CSI Office Use Only					