

**Dyersburg State Community College
Office of Records**

REGISTRATION WORKSHEET FOR _____ SEMESTER, ____ (YEAR)

Note: Submit this form to Office Records ONLY if there are time conflicts or if you are requesting to exceed the maximum allowable credit hours for this term.

DSCC ID# _____

Full Legal Name

Last

First

Middle

Please print all information requested. With assistance from your academic advisor, list each class you wish to take for credit.

CRN	Dept.	Number	Section	Course Title	Credits	Days	From	To	Bldg.	Room

AUDIT CLASSES ONLY – Developmental Studies & Physical Education Activity Courses Cannot be Audited.

CRN	Dept.	Number	Section	Course Title	Credits	Days	From	To	Bldg.	Room

ALTERNATIVE COURSES IF THE ABOVE ARE CLOSED OR HAVE UNFULFILLED PREREQUISITES

CRN	Dept.	Number	Section	Course Title	Credits	Days	From	To	Bldg.	Room

Student Signature

Date

Advisor Signature

Note: This is a tentative schedule and does not assure your enrollment in a particular class. Classes may be cancelled; fees must be paid by the specified deadlines or your enrollment will be cancelled. Completion of this form does not guarantee enrollment in these classes. Tennessee state employees wishing to use the Public Higher Education Fee Waiver for employees of the State of Tennessee and TBR/UT employees wishing to use the PC191 can register no earlier than four weeks prior to the first day of classes.