



Columbia College

Approval for Co-enrollment in Evening College

Name _____ Columbia College ID No. _____

Email _____ Phone No. _____

I hereby apply for permission to enroll in the **Evening College at Columbia College**.

Semester Registering _____

| Course Prefix, No. & Section | Approval by Division Head |
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Student's Signature _____ Date _____

Advisor's Signature _____ Date _____

This form must be completed before registering for the class.

PROMPTLY RETURN THIS FORM TO THE OFFICE OF THE REGISTRAR

2nd floor of the Allison Administrative building

FOR OFFICE USE ONLY

This student is eligible to enroll in courses listed above, dependent on enrollment.

Provost's Approval _____ Date: _____

Copies to: Registrar, Provost, Academic Advisor, Student