

# MILITARY/VETERAN STUDENT REGISTRATION UPDATE

PLEASE RETURN THIS FORM AND DOCUMENTATION TO:  
Office of the Registrar, WD.C 1038

**PLEASE PRINT CLEARLY - COMPLETION OF ALL FIELDS REQUIRED FOR PROCESSING**

Student Name: \_\_\_\_\_  
Last First MI

CougarID Number: \_\_\_\_\_

Current Mailing Address: Street: \_\_\_\_\_ Apt Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_ Evening Telephone Number: (\_\_\_\_) \_\_\_\_\_

Coursework was taken during:  Autumn \_\_\_\_\_  Spring \_\_\_\_\_  Summer \_\_\_\_\_  Other \_\_\_\_\_  
(Check one and fill in the year)

I am requesting a registration update for the following course(s) (Required):

Course Name, Section and Synonym Number: (Example: ENGL 1100 001 12345)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Update Being Requested:**

Drop (X Deleted Status)  Drop (D Dropped Status)  Section Change to: \_\_\_\_\_  
(Course Name, Section, Synonym Number)

Other: \_\_\_\_\_

The last date the student attended class: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

This form is being submitted with documentation due to:

Columbus State Community College error (Documentation attached)

\_\_\_\_\_  
EMPLOYEE SIGNATURE (REQUIRED) DATE

**FOR OFFICE OF THE REGISTRAR USE ONLY**

Documentation attached:  Yes  No

Processed by (Name): \_\_\_\_\_ Date Processed: \_\_\_\_/\_\_\_\_/\_\_\_\_