

Request to Re-Enroll

Who should fill out this form?

NAE/delete current CCM email SPRO/ Major/Catalog Year DMRS XWSP2 Student Contacted

- Students who have not attended CCM during the past 24 months AND
- Students who are <u>not</u> a CCM graduate

Please Print:							
Student Name		Date of BirthLast Year/Term at CCM					
Student CCM ID #							
Address			City		State	Zip	
Is this a new addre	ess? Yes	, please upda	ate my record	S	lo, my address has not changed		
County of Residen Office of Student D					on purposes mu	ist be processed th	hrough th
Cell Phone							
Personal Email Add							
You will be notified	d via this email	address whe	en your reque	st has been p	processed.		
<i>driver's lice</i> No, my nan	ne has not chan	ged since my	/ last enrollme	ent at CCM			
I plan to re-enroll i	n: Fall	Spring	Summer	winter	Yea	ar	
My major will be: I understand I will l some of them may	pe following the			sheet and de	- epending on w	hen my courses w	ere take
Student Signature			Date				
****	* * * * * * * * * * * * *	****	****	* * * * * * * * * *	*****	* * * * * * * * * * * * * * *	*****
			rds and Regi				
	Process/Scre	en	Rec and	d Reg		Date]
	PERC Cleared]
	RGPE						