COMMUN	ESTRELLA MOUNTAIN COMMUNITY COLLEGE A MARICOPA COMMUNITY COLLEGE Student ID#:						
Term:	Fall Spring	Summer Y	ear: <u>20</u>				
Student's Name:						OFFICIAL USE ONLY	
Last			First		 		
		Co	OMPLETE THIS POR	TION WITH AN A	DVISOR	·	
Course Subject 8 Number (EX. ENG101)	Class Number	Days	T Begin	ime End	*Prerequisites Met (Yes or In Progress)	Institution of Prerequisite	Credit Hours

*The Student is responsible for assuring OFFICIAL copies of their transcripts from all other institutions are sent directly from that institution to Estrella Mountain Community

College. If a prerequisite was taken at another institution, a copy of an unofficial transcript MUST also be attached to this Enrollment Request Form. In Progress courses must be from within Maricopa. In progress courses outside of Maricopa will NOT be accepted. My signature indicates I understand this information and agree with the above schedule.

Student's Signature

Date

Date

Date

Date

Student's Signature Date Advisor's Signature Date Official Date Official