COLLEGE OF MARIN

ENROLLMENT CARD

Must be submitted by established deadlines (check most recent Schedule of Classes). ❑ FALL 20 ____ ❑ SPRING 20 ____ ❑ SUMMER 20 ____

SOCIAL SECURITY # (or COM I.D.) LAST NAME FIRST NAME MIDDLE INITIAL

AREA CODE DAYTIME TELEPHONE NUMBER STREET CITY STATE ZIP CODE

CRN	COURSE TITLE & NO.	DAYS & HOURS	UNITS	1ST DAY IN CLASS	AUTHORIZATION CODES*	WL#
		TOTAL UNITS IN PROGRAM WILL BE		*For full-term classes: Authorization codes are required after semester begins.		

STUDENT SIGNATURE _____

OFFICE USE ONLY

PROCESSED BY: INITIALS _____ DATE _____

SEE REVERSE

85_Enroll_Crd_04_08