



Course Enrollment Correction Form

PLEASE RETURN TO THE OFFICE OF THE REGISTRAR OR EMAIL TO registrar@nnmc.edu
(Due September 11, 2024 @ 5 PM).

USE SEPARATE FORM FOR EACH COURSE, INCLUDING LABS.		
TERM _____	COURSE PREFIX AND NUMBER _____	CRN _____

STUDENTS ON ROSTER WHO HAVE NEVER ATTENDED OR HAVE CEASED ATTENDING DURING THE FIRST TWO WEEKS OF THE CURRENT SEMESTER.

Name _____ Student ID Number _____

Name _____ Student ID Number _____

Name _____ Student ID Number _____

Name _____ Student ID Number _____

Name _____ Student ID Number _____

Name _____ Student ID Number _____

Name _____ Student ID Number _____

Name _____ Student ID Number _____

Name _____ Student ID Number _____

Name _____ Student ID Number _____

Name _____ Student ID Number _____

Name _____ Student ID Number _____

Instructor Signature