



Course Enrollment Correction Form

PLEASE RETURN TO THE OFFICE OF THE REGISTRAR OR EMAIL TO registrar@nnmc.edu
by 5 PM (on the Monday of the 3rd week of the semester).

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

Date