

College & Satellite Campus KK DTI WCI HW MX WSLC TR LLC TTC OH SCLC DA WSTI WR HPV 2/20/2006

Term **S U** (SU: Summer, FA: Fall, SP: Spring)

Year **2010**

Social Security Number

First name

Middle initial

Last name

Date of birth / /

Please check (✓) if information was received: Voter registration Miscellaneous health information

Declaration of Intent (Required for all new students & returning students changing their academic plans)

Academic career Semester Credit Skills Continuing Education

Academic program

C O N T

TRN: Transfer
WKY: Workforce (Business/ Occupational) financial aid eligible
WKN: Workforce (Business/ Occupational) non-financial aid eligible
CRS: Course Taker

SYL: Academic plans with fewer than or equal to 30 hours & financial aid eligible
SNL: Academic plans with fewer than or equal to 30 hours & non-financial aid eligible
SYG: Academic plans with more than 30 hours & financial aid eligible
SNG: Academic plans with more than 30 hours & non-financial aid eligible

CONT: Continuing Education / Special Interest

Academic plan 0891

Action: ENRO (enroll and add courses), DROP (student withdraw and drop courses), AUDT (audit courses)

Action	Reason	Class number	Subject	Catalog number	Section	Credits	Override	Authorization Initials	Course description
ENRO			VOC HW	2013		1.00			SUMMERFEST

I certify that the information contained on this form is true to the best of my knowledge.

Student signature

Today's date / / 2010

Signature of school designee

Today's date / / 2010

Please complete information on back page.

