

COURSE ADD FORM

Please fill out, sign and submit this completed form to the front office if you wish to ADD a course.

Legal First Name	Legal Middle Initial	Legal Last Name
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Term and Year _____ Date _____

Course Name	Course Number	Course Fee	Course Pack Fee	Lab Fee	Total
TOTAL (I have included payment or funds are available on my account for this)					

Student signature (REQUIRED) _____

<p>Office Use Only:</p> <p>Date/time/payment/initial _____</p> <p>Please route in this order:</p> <p style="padding-left: 20px;"> <input type="checkbox"/> Midwifery Student <input type="checkbox"/> Lactation Consultant Student </p> <p> <input type="checkbox"/> FIN <input type="checkbox"/> REG <input type="checkbox"/> FIN <input type="checkbox"/> LRC <input type="checkbox"/> LPC <input type="checkbox"/> MPC <input type="checkbox"/> SPC <input type="checkbox"/> File </p>

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