PHOENIX COLLEGE

Admissions and Records
Phoenix College
1202 W Thomas Road
Phoenix, Arizona 85013

Office: 602.285.7777
Fax: 602.285.7813

Enrollment/Drop/Add

☐ Check here for a complete withdrawal from all classes for the semester.

LEGAL NAME (LAST, FIRST, MIDDLE)	SEMESTER OF ENROLLMENT 20 _____
STUDENT ID OR SS#	☐ FALL ☐ SUMMER I ☐ SPRING ☐ SUMMER II

MAILING ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE	BUSINESS PHONE	EXT.

ENROLLMENT REQUEST* — Must be signed by an advisor for students who are:

- Enrolling for ESL courses, Honors courses
- Enrolling for EMT/FSC and Special Permission courses for certificate and degree programs

	CLASS NUMBER *(13245)*	SUBJECT & CATALOG NO. *(ENG 101)*	UNITS	SWAP w/ CLASS #	DROP REASON	LDA	INSTRUCTOR'S SIGNATURE
DROP							
ENROLL							

STUDENT EMISSIONS TESTING AFFIDAVIT

In accordance with Arizona Revised Statutes 15-1444 and 15-1449, I hereby certify (check one):

_____ That my vehicle as required by Arizona Revised Statutes 49-542 has passed its vehicle emissions test.
_____ That A.R.S. 49-542 is not applicable to a motor vehicle or a motorcycle I drive.
_____ That I do not park a vehicle on college property.

Unless eligible for waiver, I understand that if I fail to comply with the requirements of the emissions inspection program, I am prohibited from parking on college property and that my vehicle is subject to being towed away at my expense.

REQUIRED SIGNATURES

STUDENT SIGNATURE _____ DATE _____

ADVISOR SIGNATURE *If required _____ DATE _____

Students are strongly encouraged to consult with an advisor prior to registration.

04/23/2008