

Registration Form

Please Print.						
Student Name: _	Last name	First Name	Middle Name	Student ID:		
TERM:	□Fall □Spring □Sum		mmer	YEAR:		
COURSES 1	O BE ADDED:					
Course Dept + Number	Course Name	Section	Instructor	Days	Time	Credit Hours
	_					
ALTERNAT	E COURSES IF	CLASSES ARE	CLOSED:			
		nrolled in at least twe et your eligibility for fi		urs to be a full-time st	udent. Dropping	g below
Total Credit H	ours Enrolled:					
Student's Sigr	nature:			Dat	te:	
Mentor's Signature:				Da	te:	