



Fontbonne University

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COURSE REGISTRATION FORM

CHECK ONE:

- FRESHMAN
- SOPHOMORE
- JUNIOR
- SENIOR
- UNCLASSIFIED
- GRADUATE

THIS ENROLLMENT IS FOR: Year: _____

- FALL
- SPRING
- SUMMER

Student ID Number

FIRST NAME

MIDDLE NAME

LAST NAME

ADDRESS

CITY

STATE ZIP

HOME PHONE

DEGREE:

MAJOR:

ADVISOR:

EMAIL

COURSE NUMBER	SECTION NUMBER	COURSE TITLE	DAYS	TIMES	LETTER GRADE; P/F; AUDIT	DEPARTMENT APPROVAL	CR. HRS.
TOTAL							

Student Signature

Date

Advisor Signature

Date

Dean's Signature (only required for overload)

Date

Processed by

Date