



Course Registration Form

 Name Student ID #

 Street Address City State Zip Code Phone

TERM: YEAR: _____ FALL SPRING SUMMER

College Level: Freshman Sophomore Junior Senior Graduate Unclassified

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