



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