

Course Registration Form

Last Name First Name Student ID #

Phone Number Email

Semester: Fall 20__ Winter 20__ Spring 20__ Summer 20__

CRN #	Course Title	Credits	Days	Times
			M T W TH F S O	
			M T W TH F S O	
			M T W TH F S O	
			M T W TH F S O	
			M T W TH F S O	
			M T W TH F S O	
Total Number of Credits				

Prerequisite met at: School Name of College/University: _____

Please provide a copy of your unofficial transcript with this registration form.

- Placement Test
- SAT/AP Scores

Student Signature Date

**** Please Note: You are not registered until you hear back from the Records Office ****