

**IN-PERSON STUDENT REGISTRATION FORM**

I.D.# (USED FOR IDENTIFICATION PURPOSES ONLY)

MAJOR

**OFFICE USE ONLY**

Recorded By \_\_\_\_\_ Date \_\_\_\_\_

PLEASE PRINT CLEARLY

CHECK TERM:

- FALL
- WINTER
- SPRING
- SUMMER
- YEAR \_\_\_\_\_

CHECK IF ADDRESS CHANGED

Name \_\_\_\_\_  
Last First Middle Initial  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

**ALTERNATE CHOICES**

COURSE CODE	SECTION NUMBER	COURSE DESIRED TITLE	CREDITS
TOTAL CREDITS			

COURSE CODE	SECTION NUMBER	COURSES DESIRED TITLE	CREDITS

Full-time students must have 12 or more credits or credit equivalents.

I accept responsibility for my course selection and other information provided on this form. I understand that academic counseling is available to help with course selection. I certify that I have met the prerequisites for the course for which I am registering. Further, I understand that it is my responsibility to pay my bill by the due date, to know the starting date of my classes and refund periods. **(Note: if you wish to register for a course on an audit (no credit, no grades) basis, place the letter X after the course code and section number.**

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_ WHITE - Registrar CANARY - Student  
 Advisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_ R01125-94-R6/00

**IN-PERSON STUDENT REGISTRATION FORM**

I.D.# (USED FOR IDENTIFICATION PURPOSES ONLY)

MAJOR

**OFFICE USE ONLY**

Recorded By \_\_\_\_\_ Date \_\_\_\_\_

PLEASE PRINT CLEARLY

CHECK TERM:

- FALL
- WINTER
- SPRING
- SUMMER
- YEAR \_\_\_\_\_

CHECK IF ADDRESS CHANGED

Name \_\_\_\_\_  
Last First Middle Initial  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ County \_\_\_\_\_

**ALTERNATE CHOICES**

COURSE CODE	SECTION NUMBER	COURSE DESIRED TITLE	CREDITS
TOTAL CREDITS			

COURSE CODE	SECTION NUMBER	COURSES DESIRED TITLE	CREDITS

Full-time students must have 12 or more credits or credit equivalents.

I accept responsibility for my course selection and other information provided on this form. I understand that academic counseling is available to help with course selection. I certify that I have met the prerequisites for the course for which I am registering. Further, I understand that it is my responsibility to pay my bill by the due date, to know the starting date of my classes and refund periods. **(Note: if you wish to register for a course on an audit (no credit, no grades) basis, place the letter X after the course code and section number.**

Student's Signature \_\_\_\_\_ Date: \_\_\_\_\_ WHITE - Registrar CANARY - Student  
 Advisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_ R01125-94-R6/00