

USE
INK

OFFICIAL REGISTRATION CARD

SEMESTER _____, 20____

PRINT
PLAINLY

Last Name _____ First _____ Middle _____

Soc. Sec. No. _____ Student I.D. No. _____ Date _____

 New student Returning student

	COURSE LETTERS				COURSE NUMBER				SECT		*A* if Audit *R* if Repeat	TITLE OF COURSE	Course Hrs.	CLASS PERIOD	DAY OF WEEK					NAME OF INSTRUCTOR
	M	T	W	T	F	M	T	W	T	F										
1																				
2																				
3																				
4																				
5																				
6																				
7																				

STUDENT'S SIGNATURE _____

Total Hours

APPROVED: (1) _____ (2) _____
ACADEMIC ADVISOR REGISTRAR**IF YOU ARE A NEW STUDENT OR YOUR ADDRESS/TELEPHONE CHANGED, COMPLETE FOLLOWING:**Address _____
Street or Box City State Zip

Home Phone _____ Work Phone _____ Email _____

OFFICE USE ONLY

Degree Code Entered _____ Schedule
_____ Address/phone
_____ Degree code
By _____ Date _____