



Registration Form

Student's Name	
ID #	
College	
Major	
Term/Year	

Code/Number	Cr.	Title	Section	Days	Time	Room
Total Credits		Student's Signature:		Date:		

Student's Advisor:

Signature:

Date:

Registrar:

Signature:

Date:

Note: The student is ultimately responsible for the accuracy of the course data on this form. Any conflict in the schedule must be resolved immediately.