



## CLASS REGISTRATION FORM

SESSION:     FALL     SPRING     SUMMER I     SUMMER II

*Personal information requested on this form will be used for identification and communication purposes. Personally identifiable student information is protected under the provisions of the Family Educational Rights and Privacy Act (FERPA).*

NAME \_\_\_\_\_ ID NUMBER (IF KNOWN) OR SS # \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(where you receive mail)     CHECK IF CHANGED

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ DAY PHONE \_\_\_\_\_  
 CHECK IF CHANGED

E-MAIL \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH      DAY      YEAR

INTENDED DATE OF GRADUATION \_\_\_\_/\_\_\_\_/\_\_\_\_ MAJOR OR PROGRAM \_\_\_\_\_  
MONTH      YEAR

NAME TO BE PRINTED ON DIPLOMA \_\_\_\_\_

ONLINE	DEPT	COURSE NUMBER	SECTION NUMBER	TITLE	COURSE HOURS	MEETING DAYS	MEETING TIMES

ALTERNATE COURSES MUST BE LISTED							
ONLINE	DEPT	COURSE NUMBER	SECTION NUMBER	TITLE	COURSE HOURS	MEETING DAYS	MEETING TIMES

STUDENT SIGNATURE \_\_\_\_\_ ADVISOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*NOTE: Submission of this registration form obligates you to pay tuition and fees for all courses for which you are registered at the beginning of the academic session. Notification of registration change or cancellation must be submitted **IN WRITING** to the Registrar.*