

Course Registration Form

1 Name (print): _____
Last Name First Name MI

Circle one of the following: BFA MFA MAT MAArtED Consortium Audit MCA Faculty/Staff

Major / Concentration: _____

Complete Section 2 if you are a new student. If you are a continuing student, complete only if the information has changed.

2 Local Address: _____
City State Zip

Permanent Address: _____
City State Zip

Local Phone: _____ Permanent Phone: _____

Cell Phone: _____ Email Address: _____

3

course ID	course title	Mon / Tues / Wed / Thurs / Fri	times	instructor
course ID	course title	Mon / Tues / Wed / Thurs / Fri	times	instructor
course ID	course title	Mon / Tues / Wed / Thurs / Fri	times	instructor
course ID	course title	Mon / Tues / Wed / Thurs / Fri	times	instructor
course ID	course title	Mon / Tues / Wed / Thurs / Fri	times	instructor
course ID	course title	Mon / Tues / Wed / Thurs / Fri	times	instructor
course ID	course title	Mon / Tues / Wed / Thurs / Fri	times	instructor

Alternate Classes

4

course ID	course title	Mon / Tues / Wed / Thurs / Fri	times	instructor
course ID	course title	Mon / Tues / Wed / Thurs / Fri	times	instructor
course ID	course title	Mon / Tues / Wed / Thurs / Fri	times	instructor
course ID	course title	Mon / Tues / Wed / Thurs / Fri	times	instructor
course ID	course title	Mon / Tues / Wed / Thurs / Fri	times	instructor

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____