



COURSE REGISTRATION FORM

Effective Semester/Year: \_\_\_\_\_

Student ID: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street address)

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_

Current Phone: \_\_\_\_\_ Parent Email Address: \_\_\_\_\_

**REQUESTED REGISTRATION:**

COURSE ID	COURSE TITLE	DAY(S)	TIME	INSTRUCTOR

**ALTERNATE CHOICES:**

COURSE ID	COURSE TITLE	DAY(S)	TIME	INSTRUCTOR

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_