



**REGISTRATION FORM**

**FALL TERMS I/II, J-TERM** \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Degree or Certificate or Audit \_\_\_\_\_ School of Record \_\_\_\_\_

Anticipated Graduation Term/Year \_\_\_\_\_

Term Codes: Fall I – FI, Fall II – FII, J-Term – JT

Course Title	if Auditing - A	Credit Hours	Term	Year
<b>Total Credit Hrs.</b>				

I assume financial responsibility for the course(s) shown on this registration and I am aware of the school's refund and withdrawal policies.

\_\_\_\_\_  
Advisor's Signature Date

\_\_\_\_\_  
Student's Signature Date