



REGISTRATION FORM

SPRING TERMS I/II, SUMMER TERMS _____

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: Spring I – SPI, Spring II – SPII, Summer I – SI, Summer II – SII

Course Title	if Auditing - A	Credit Hours	Term	Year
Total Credit Hrs.				

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