

REGISTRATION FORM



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| LAST NAME | FIRST NAME | M.I. |
| STREET ADDRESS | CITY | STATE ZIP |
| SOCIAL SECURITY NUMBER | PHONE | |
| SEMESTER REGISTERED FOR <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER | | <i>OFFICE USE ONLY</i> <input type="checkbox"/> FH <input type="checkbox"/> AC <input type="checkbox"/> EA |
| ADVISOR SIGNATURE | DATE | |
| STUDENT SIGNATURE | TECHNOLOGY | |

| CURRENT INTENT | |
|---|---|
| FOR A FEW CLASSES <input type="checkbox"/> PERSONAL INTEREST <input type="checkbox"/> UPGRADE SKILLS <input type="checkbox"/> OBTAIN NEW JOB <input type="checkbox"/> TRANSFER | SEEKING DEGREE OR CERTIFICATE <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DEGREE NEEDED FOR JOB <input type="checkbox"/> DEGREE TO TRANSFER |

You are financially and academically responsible for these courses.

| CRN | COURSE NUMBER | SECTION | CAMPUS | COURSE TITLE | CR. FEES | LAB | MON | TUES | WED | THURS | FRI | SAT | SUN |
|-----|---------------|---------|--------|--------------|----------|-----|-----|------|-----|-------|-----|-----|-----|
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ANY CHANGES IN THIS SCHEDULE MUST BE COMPLETED IN THE RECORDS OFFICE