Course Registration Form

Social Security Number: _____ - _____ - _____   Admission Status: ☐ Undergrad ☐ Grad ☐ Non-Degree   Term _____ Year _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip: _____-_____

Daytime Phone Number: _____ Alternate Phone Number: _____

Fax Number: _____ E-Mail Address: _____

*For Administrative Use Only

Class Number	Subject Area	Catalog Number	Class Section	Course Units	Department Approval	S/U Grade	Date/Initial
						Total Hours	

I accept both fee and grade liability.

_____   _____
Student Signature   Date