

Drop-off Registration?  yes  no

**INSTRUCTIONS:** Complete ALL sections of this form and return it to a Student Services staff member for approval. If you already have a schedule and are attempting to change it, you will need to complete an ADD/DROP form, which is available through the Office of Student Services.

**A. STUDENT INFORMATION**—Please print.

Name \_\_\_\_\_ SSN/ID \_\_\_\_\_

Phone Numbers (h) \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

Enrollment Status (check one):

- continuing  re-entry  transfer  dual  non-matriculating  visiting

E-mail \_\_\_\_\_

If you plan to eventually transfer to another college or university, list below the school's name and your intended major.

\_\_\_\_\_  
Name of college/university

\_\_\_\_\_  
Intended major/program of study

**B. COURSE SELECTION**—Use the chart below to list the courses in which you wish to enroll.

Courses			Days Circle day(s) of week course(s) meets	Time Enter beginning and ending times for courses	Special Approval Signature (if required) <i>OR</i> Advisor Comments
Department	Number	Section			
			M T W Th F S		
			M T W Th F S		
			M T W Th F S		
			M T W Th F S		
			M T W Th F S		
			M T W Th F S		
			M T W Th F S		

Total hours scheduled (not to exceed 10)

\_\_\_\_\_  
*Student's Signature*

\_\_\_\_\_  
*Date*

**FOR OFFICE USE ONLY:**

Approved by \_\_\_\_\_ Date \_\_\_\_\_

Year Classification \_\_\_\_\_

Anticipated Date of Graduation \_\_\_\_\_

Entered by \_\_\_\_\_ Date \_\_\_\_\_