



UNDERGRADUATE REGISTRATION FORM

Name _____
(First, Middle, Last)

Campus ID # _____

Program of Study:

Major:

Status:

Semester:

- ☐ Arts
☐ Business
☐ Education
☐ Engineering
☐ Science
☐ SCPS

1. _____

2. _____

Minor:

1. _____

2. _____

☐ FR

☐ SO

☐ JR

☐ SR

☐ Non-Mat

☐ Fall

☐ Spring

Expected Graduation:

(Month & Year)

Required Courses

CRN					Dept				Crs #			Sec	Title	Cr

Total Credits: _____

Alternate Courses

CRN					Dept				Crs #			Sec

CRN					Dept				Crs #			Sec

I UNDERSTAND THAT THIS RECOMMENDED SCHEDULE WILL KEEP ME ON TRACK TOWARDS MEETING THE DEGREE REQUIREMENTS FOR MY PROGRAM OF STUDY. I ALSO UNDERSTAND THAT MY FAILURE TO REGISTER FOR THESE COURSES MAY RESULT IN:

DELAYED GRADUATION

THE NEED TO REGISTER FOR SOME OR ALL OF THESE COURSES AT A LATER DATE

ADDITIONAL EXPENSES FOR CREDITS BEYOND REGULAR LIMITS

OTHER CONSEQUENCES

(Student Signature)

(Date)

Advisor _____

Date _____

Advisor _____

Date _____

FOR USE ONLY BY DEPARTMENT CHAIR

Course _____

Chair _____

Date _____