



PACE ENROLLMENT

Date _____

Student ID# _____

☒ Summer ☐ Fall ☐ Spring

Name: _____
Last First M

Local Address _____ Daytime Phone # _____
Street City/State Zip Code

Dept/ CourseNumber/Section	Course Title	Instructor	Day/Time	Repeat Audit or P/F	Credits
BSAD 100 CN	Intro. To Business		online		3
BSAD 150 CN	Personal Finance		online		3

Total Hours _____

Advisor Approval _____ Student Signature _____