

REGISTRATION WORKSHEET PLEASE FILL IN ALL COURSE INFORMATION



Date://				
Name		I.D. #		
Address:	City:	State:	Zipcode:	
Cell Phone#	Email Address:		·	

Status	DEPT.	COURSE NO.	SECTION NO.	MEETING DAY(S) AND TIME(S)	REFERENCE #
	Example:				
	ANTH	212	01	8 - 8:50 MWF	14813