

Fall ☐ Spring ☐ Summer ☐ Year : _____

REGISTRATION FORM

SA/REG 114

Student Name:	Student ID:
Division:	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		
School:	<input type="checkbox"/> SBA <input type="checkbox"/> SHSS <input type="checkbox"/> SSE	Degree:
Concentration (if declared):	Minor (if declared):

Selected Courses:

Course ID	Course Title	Comments if any
1.		
2.		
3.		
4.		
5.		
6.		

Make sure to select up to 3 ALTERNATE COURSES should a first choice course be closed or causes an unavoidable time conflict.

Course ID	Course Title	Comments if any
1.		
2.		
3.		

I certify that I commit to the courses selected with my advisor. I fully understand that it is my responsibility to meet the graduation requirements, and by registering for any course that does not meet with my degree requirements will delay my graduation.

Student's Signature:		Date:
Advisor's Name:		Date:
Advisor's Signature:		
Coordinator's Approval:		Date:
Enrollment:	Charged <input type="checkbox"/> Not to be charged <input type="checkbox"/>	Date:
Business office:	Signature and Stamp:	Date:

Dean's Approval: _____ Date: _____

Required for over-load taking a course for the third time