



## COURSE REGISTRATION

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**Term:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
Last First Middle Initial

**Phone:** \_\_\_\_\_ **Check this box if you receive veteran benefits:**

ADD COURSE(S)										
CRN	Subject Code	Course Number	Section Number	Course Title	Meeting Day(s)	Meeting Time(s)	Credit Hours	Pre-Req Test	Add Seat	
<b>Total Credit Hours</b>										

REMOVE COURSE(S)								
CRN	Subject Code	Course Number	Section Number	Course Title	Meeting Day(s)	Meeting Time(s)	Credit Hours	Drop Withdraw

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Veteran Advisor Signature (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note to Students:** Tuition payment for the term indicated on this document must be received by the appropriate deadline published in the Academic Calendar. Students who have not paid, made payment arrangements, or applied for financial aid by the deadline may have their course registration removed, permission to attend classes revoked, and a fee applied to their account. By signing this document, you acknowledge you are responsible for payment.