

## Course Registration Form

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Last Name                                  First Name                                  Student ID #

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Phone Number                                  Email

Semester:     Winter 2020                                   Spring 2021

CRN #	Course Title	Credits	Days	Times
			M T W TH F S O	
			M T W TH F S O	
			M T W TH F S O	
			M T W TH F S O	
			M T W TH F S O	
			M T W TH F S O	
<b>Total Number of Credits</b>				

Prerequisite met at:     School Name of College/University: \_\_\_\_\_

Please provide a copy of your unofficial transcript with this registration form.

- Placement Test
- SAT/AP Scores

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Student Signature                                  Date

**\*\* Please Note: You are not registered until you hear back from the Records Office \*\***