**Course Registration Form**

_____

Last Name First Name Student ID #

_____

Phone Number Email

Semester: ❑ Summer 2020 ❑ Fall 2020

| CRN # | Course Title | Credits | Days | Times |
|---|---|---|---|---|
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| | | | | |
| | | | | |
| **Total Number of Credits** | | | | |

Prerequisite met at: ❒ School Name of College/University: _____

❒Placement Test

❒ SAT/AP Scores

**Advisor's Signature** **Date**

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