

Course Registration Form

Year: _____

Term: __ Quarter 1 __ Quarter 2 __ Quarter 3 __ Quarter 4

Student First Name: _____ Last Name: _____

Student ID: _____ DOB: _____

Cell: _____ Email: _____

Department	Course #	Class-Shift-Phase	Class Start Time

Student Signature: _____

Date: _____

Office Use Only

Academic Advisor Signature: _____

Date: _____

Billing Department Signature: _____

Date: _____

Registration Department Signature: _____

Date: _____