CLASS REGISTRATION FORM

Term of Registration (circle one):	Fall	Spring	Summer	Year:
Name Last:	First:	Middle Initial:	ID:	

Please update the following information:

Mailing Address (while at school):	Permanent Address:
Address:	Address:
City:	City:
State: Zip: Phone:	State: Zip: Phone:
Email:	Email:
Ethnic Code (circle one): Caucasian Hispanic Black Asian Indian/Alaska Native Other Decline to respond	
Social Security Number (Optional):	Gender (Circle one) : Male Female

CRN	SUBJ	NUM	SEC	Course Name	Crs	Time	Days	Instructor	Room	Rpt/ Aud
				Total Credits						

Student Signature: _____ **Advisor Signature:** _____

Education Dean Signature (All ED majors): _____

Registrar verification: _____ **Date:** _____