



**MONTANA STATE UNIVERSITY**  
**NORTHERN**  
**CLASS REGISTRATION**  
 (use blue or black pen)

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: \_\_\_\_\_