



Outreach Class Registration Form

Term of Registration (circle one):	Fall	Spring	Summer	Year:
Student ID/SSN:	Name			

Please update the following information:

Home Address:

Permanent Address:

Address	Address
City	City
State Zip	State Zip
Telephone Work Phone	Telephone

Ethnic Code (circle one): Caucasian Hispanic Black Asian Indian/Alaskan Native Other Decline to respond	E-MAIL Address:
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AT WHICH NORTHNET SITE ARE YOU RECEIVING YOUR CLASSES?	Social Security Number:	Gender (circle one): Male Female
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CRN	SUBJECT	COURSE #	SITE	COURSE NAME	CREDITS	TIME	DAYS	INSTRUCTOR	REPEAT	AUDIT

Total Credits

Student Signature: _____ Advisor Signature: _____

College of Education Dean Signature (**ALL** Education Majors): _____

Registrar Verification: _____ Date: _____