



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

Term of Registration:		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:		Caucasian	Hispanic	Black	Asian	Indian/Alaska Native	Other	Decline to respond
Social Security Number (Optional):				Gender:		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: _____