

Registration

Student ID A

Name _____
Last First MI

Phone _____ - _____ - _____

Student's signature _____ Date _____

COURSE ID	CRN	CREDITS	CREDIT OR AUDIT	COURSE TITLE

Note: The Admission and Registration Desk can no longer provide overrides for time conflicts.

FOR OFFICE USE ONLY			
<input type="checkbox"/> Prereqs met	<input type="checkbox"/> Coreqs met	<input type="checkbox"/> Permission	<input type="checkbox"/> Overenroll
Chair's/Dean's signature _____		Date _____	

