

REGISTRATION REQUEST

NAME _____ DATE _____
 ID# _____ SS# _____
 EMAIL _____ PHONE _____

1. List selected courses below.
2. Choose alternate courses if you would rather not be waitlisted for one of your selections.
3. Indicate which course the alternate will replace in the "Replacement For" column.
4. Be sure to list the correct course, department, and section number.
5. Obtain all necessary signatures.

Fall/Spring []
 Circle One Year

Dept & #	Section#	Title	Days&Times	Credit	Instructor Approval

Alternate Courses Instructor

Dept & #	Section#	Title	Replacement for	Credit	Approval

Dean's Approval for Overload _____ Date _____ Total Credits _____
 (18 or more hrs)

Summer/Winter []
 Circle One Year

Dept & #	Section#	Title	Days&Times	Credit	Instructor Approval

Alternate Courses Instructor

Dept & #	Section#	Title	Replacement for	Credit	Approval

ADVISOR'S SIGNATURE _____ Date _____

I have met with this student and discussed his/her academic plan and course selections.

STUDENT'S SIGNATURE _____ Date _____

I have met with my advisor and discussed my academic plan and course selection. I understand that the choice of classes is mine, and the appropriateness of my academic plan is my responsibility.