

Undergraduate Semester Course Registration Form

Please complete all sections of this form clearly. This form is designed for printing and physical submission.

Student Information

Full Name:	<input type="text"/>	Student ID Number:	<input type="text"/>
Academic Year:	<input type="text"/>	Semester (Fall/Spring/Summer):	<input type="text"/>
Major/Department:	<input type="text"/>	Academic Advisor:	<input type="text"/>
Email Address:	<input type="text"/>	Phone Number:	<input type="text"/>

Course Registration Details

Enter the details of the courses you wish to register for this semester.

Course Code	Course Title	Section	Credits	Instructor Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Registered Credits:

Authorization and Signatures

By signing below, the student and advisor agree to the course schedule listed above.

Student Signature (Physical Sign-off):	<input type="text"/>	Date:	<input type="text"/>
Advisor Signature (Physical Sign-off):	<input type="text"/>	Date:	<input type="text"/>
Registrar Office Use Only (Signature):	<input type="text"/>	Date:	<input type="text"/>