

REGISTRATION WORKSHEET

_____-_____-_____
SOCIAL SECURITY NUMBER

NAME:
LAST _____
FIRST _____
MIDDLE _____
ADDRESS _____
CITY _____
STATE _____ ZIP _____
HOME PHONE _____

CHECK ONE:

- FRESHMAN
- SOPHOMORE
- JUNIOR
- SENIOR
- NON-DEGREE SEEKING

DEGREE PROGRAM:

(B.A., B.S., ETC.) _____
MAJOR: _____
ADVISOR: _____
WORK PHONE _____

TODAY'S DATE

THIS ENROLLMENT IS FOR: _____
 FALL
 WINTERIM
 SPRING
 MAY
 SUMMER

CAMPUS LOCATION (CHECK ALL THAT APPLY):

- MAIN
- TROY/WENTZVILLE
- JEFFERSON COLLEGE
- FRANKLIN COUNTY
- LEWIS & CLARK

COURSE NUMBER	SECT.	COURSE TITLE	DAYS	TIMES	INSTRUCTOR	ROOM #	CR. HRS.
TOTAL							

STUDENT SIGNATURE

DATE

ADVISOR SIGNATURE

DATE

ACADEMIC DEAN (required for schedule overload)

DATE

INTL STUDENT ADVISOR (required for all Int'l Students)

DATE