

 **Registration Form**

***Student Acknowledgement:*** *By completing and submitting this form in hard copy or electronically, you affirm that you have read and agree to the corresponding policies and understand that the registration form must be submitted prior to the course enrollment term and that late submissions might not be approved. Your signature or email will serve as your signature.*

Student Name:

Student ID:       Degree:  Classification:  Credit Load for term:

*including all courses registered/planned for term*

Major(s):

Concentration(s):

Minor(s):

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Term:  20   Course ID:       Title:       Credits:    CRN:

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More Details:

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***Instructions for Signatures:*** *Please type your name in the space provided. Then, forward form directly to the next person on the list. Your email will serve to authenticate your signature. Once all signature approvals are received, Chair shall forward to the Registrar for processing.*

***Student:****Date:*

***Advisor:****Date:*

***Instructor:*** *Date:*

***Chair:****Date:*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***School Dean:*** *Date:*

[ ]  Approved [ ]  Denied Comments:

***Registrar:****Date:*