



UNDERGRADUATE REGISTRATION FORM

Name _____
(First, Middle, Last)

Campus ID # _____

Program of Study:

- Arts
- Business
- Education
- Engineering
- Science
- SCPS

Major:

1. _____
2. _____

Minor:

1. _____
2. _____

Status:

- FR
- SO
- JR
- SR
- Non-Mat

Semester:

Fall _____
 Spring _____

Expected Graduation:

(Month & Year)

Required Courses

CRN				Dept			Crs #		Sec	Title	Cr

Total Credits: _____

Alternate Courses

CRN				Dept			Crs #		Sec

CRN				Dept			Crs #		Sec

I UNDERSTAND THAT THIS RECOMMENDED SCHEDULE WILL KEEP ME ON TRACK TOWARDS MEETING THE DEGREE REQUIREMENTS FOR MY PROGRAM OF STUDY. I ALSO UNDERSTAND THAT MY FAILURE TO REGISTER FOR THESE COURSES MAY RESULT IN:

- DELAYED GRADUATION
- THE NEED TO REGISTER FOR SOME OR ALL OF THESE COURSES AT A LATER DATE
- ADDITIONAL EXPENSES FOR CREDITS BEYOND REGULAR LIMITS
- OTHER CONSEQUENCES

(Student Signature)

(Date)

Advisor _____

Date _____

Advisor _____

Date _____

FOR USE ONLY BY DEPARTMENT CHAIR

Course _____

Chair _____

Date _____