SPRING REGISTRATION 2007

Today's Date ____/____/___ Name_____
First Middle Last

Address _____ Apt. # _____

City_____ State _____ Zip_____ Email _____

Home Phone __ __ __ -__ __ __ - __ __ __ __ Cell Phone __ __ __ -__ __ __ -__ __ __ __ Work Phone __ __ __ - __ __ __-__ __ __ __

Note: You are not considered officially registered until you have completed Official Registration and have cleared the Business Office.

Student's Signature: _____

Add/Drop	Course Prefix #	Course Title	Time	Day	Credit Hours	Advisor Initial
Add/Drop						
Add/Drop						
Add/Drop						
Add/Drop						
Add/Drop						
Add/Drop						
Add/Drop						

OFFICE USE ONLY
CAMS Entered by: _____ Date: _____