**REGISTRATION FORM** 

| SEMESTER | YEAR | 2 |
|----------|------|---|
|          |      |   |

dd/mm/yr

Date: \_\_\_\_\_

| NAME:   |            |            |           |                      |
|---------|------------|------------|-----------|----------------------|
|         | Last Name  | First Name | M Initial | DEPARTMENT:          |
| EMAIL:  |            |            |           | PROGRAM:             |
| PHONE # | <u>t</u> . |            |           | ADVISOR'S NAME:      |
|         | (Home #)   |            | (Cell#)   |                      |
|         |            |            |           | ADVISOR'S SIGNATURE: |

| COURSES RECOMMENDED AT ADVISING  |        |              |      |      |    |  |
|--|--------|--------------|------|------|----|--|
| Course Code & Sec<br>Eg. MTH 103-1   | Credit | Course Title | Days | Time | Rm |  |
|  |        |              |      |      |    |  |
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|  |        |              |      |      |    |  |
| CHANGES MADE AT REGISTRATION<br>(rewrite additions & section changes only; draw one line through deletions in the table above) |        |              |      |      |    |  |
| Course Code & Sec  | Credit | Course Title | Days | Time | Rm |  |
|  |        |              |      |      |    |  |
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|  |        |              |      |      |    |  |
|  |        |              |      |      |    |  |
| Reviewed by:   |        |              |      |      |    |  |
| Initials   |        |              |      |      |    |  |

Student's Signature

| Required Device and Access: State device that wi | II be used for the class |
|--|--------------------------|
| Do you have access to reliable internet? Yes     | No                       |