

Enrollment Steps: 1) Registrar's office 2) Financial Aid office 3) Student Account Services



College of Adult and Professional Studies Registration Form

Date _____

Student ID # _____

Name _____
Last First Middle

Local Address _____ Daytime Phone _____
Street City/State Zip Code

Term:

CRN	Dept/Course Number/Section	Course Title	Day/Date	Repeat/Audit/Pass-Fail	Credits

Advisor Approval _____ Student Signature _____