

### Current Student Registration Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Cell phone carrier:  US Cellular  Verizon  AT & T  Tracfone  Other \_\_\_\_\_

Student ID #: \_\_\_\_\_ Email address: \_\_\_\_\_

Program of Study: \_\_\_\_\_

Semester registering for (please check semester):  Fall  Spring  Summer Year 20\_\_\_\_

Course Code & Section	Course Title	Time/Day	Credits

**Please note: It is the student's responsibility to ensure they are taking the appropriate courses for degree progress.  
No substitutions will be accepted without documentation from the Coordinator of Enrollment.**

Submit completed form to Donna Geel.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_