COLLEGE OF ENGINEERING AND ARCHITECTURE

Registration Request Form
(Please print clearly and legibly)

Student ID#: @|___|___|___|___|___|___|___|___|

Name:_____
          Last   *First*   *MI*

Date of Birth (MM/DD/YYYY): _____ **Email:**_____

Local Address: _____
              Street   *City*   *State*   *Zip*

Permanent Address_____
              Street   *City*   *State*   *Zip*

Phone: (Local)_____(Permanent)_____(**Cell**)_____

In case of Emergency, notify: Name_____
Address : _____
              Street   *City*   *State*   *Zip*

Degree Sought:

□ Architecture □ ChemE □ Civil □ CpE □ EE □ MechE □ CS

Check all that apply:

□ Good Standing □ Probation/Possible Drop

REGISTRATION INFORMATION					
Academic Year _____ □ Fall □ Spring □ Summer					
CRN Number	Course Number	Section Number	Course Name	R/A/P	Credit Hours

Remarks:_____

Student
Signature: _____ Advisor
                                  Signature:_____ Date:_____