REGISTRATION FORM

Last Name First Name Middle Initial Maiden Names

Permanent Address City State Zip Code

Home Phone Cell Phone Date of Birth Last 4 digits of Social Security Number

Major(s)/Minor(s) Advisor(s) Advisor Initials Semester

| □ Degree-Seeking □ Non-Degree Seeking □ Senior Citizen (over 62 years of age)

Dept.	Course #	Sect	Course Title	Days	Times	Room	Instructor

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