Office of the Registrar

CLASS REGISTRATION WORKSHEET

For FALL 20_____ or Spring 20_____ or Summer 20_____

ID: _____

Name: _____

Registration Time: _____

Advising Time: _____

Major 1: _____

Major 2: _____

Major 3: _____

Major 4: _____

Class Level: _____

Adviser: _____

Course No.	Sec No.	Title	Crs Hrs	Mtg Times	Mtg Days

Remember to be sure to plan on selecting alternate sections and courses in the event one of your preferred selections is full or closed.