MATRICULATED REGISTRATION FORM

Student A#: _____

Name: _____
Last *First* *MI*

Local Address: _____
Street and Number

_____
City *State* *Zip Code*

Phone: _____

Class: _____

Advisors: _____

Major 1: _____ Major 2: _____

Conc. 1: _____ Conc. 1: _____

Conc. 2: _____ Conc. 2: _____

Minor 1: _____ Minor 2: _____

Course Reference Number (CRN)	Subject Abbreviation	Course Number	Section Number	Course Title	Credits	Dept. Approval (If Required)

I promise to pay all reasonable collection costs, including attorney fees and other charges necessary for the collection of any amount not paid when due.

_____ _____
Student Signature Date

Registrar's Validation: _____

Date: _____

_____ _____
Advisor Signature Date

ALL INFORMATION ABOVE MUST BE COMPLETED TO BE PROCESSED

Effective 2017/2018 Academic Year