

This form may only be used to register for courses whose section numbers begin with X or Y

Semester: Fall 20 Spring 20 Summer 20 CSI ID#: _____

Name: _____ Home Phone: _____
last first middle

Mailing Address: _____ Cell Phone: _____

_____ Work Phone: _____
city state zip code

Birth Date: _____ Citizen of: United States Other (Please Specify) _____

Gender: Female Male E-Mail Address: _____

Preferred Name: _____ Major Code: 0002N

Section #	Cr Hrs	Course Title	Bldg	Room	Days							Time	Instructor
					M	T	W	R	F	S	U		
0					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
0					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
0					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Rev 08/16/2007

Student's Signature: _____ Date: _____

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Semester: Fall 20 Spring 20 Summer 20 CSI ID#: _____

Name: _____ Social Sec Num: _____
last first middle

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_____ Cell Phone: _____
city state zip code

Birth Date: _____ Citizen of: United States Other (Please Specify) _____

Gender: Female Male E-Mail Address: _____

Preferred Name: _____ Major Code: 0002N

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					M	T	W	R	F	S	U		
0					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
0					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
0					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Gender: Female Male **E-Mail Address:** _____

Preferred Name: _____ **Major Code:** 0002N

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					M	T	W	R	F	S	U		
	0				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	0				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	0				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Preferred Name: _____ **E-Mail Address:** _____

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					M	T	W	R	F	S	U		
	0				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	0				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	0				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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