PRE-REGISTRATION

Please Print.

Student Name: _____ **Student ID:** _____
Last name First Name Middle Name

Classification: ☐Freshman ☐Sophomore ☐Junior ☐Senior ☐Other **Major:** _____

Day Student: – ☐Fall ☐Spring ☐ Mini-Term ☐ Sum Session I ☐ Sum Session II ☐ EWF **Year:** _____

Flex Student – ☐Fall S1 ☐Fall S2 ☐ Spring S1 ☐ Spring S2 ☐ Summer S1 ☐ Summer S2 **Year:** _____

COURSE SCHEDULE:

COURSE NUMBER	SECTION	COURSE TITLE	DAYS	TIME	CREDIT HOURS	INSTRUCTOR

Total Credit Hours: _____*

Note: Students must register for at least twelve (12) credit hours to be considered a full-time student.

Student's Signature: _____ **Date:** _____

Mentor's Signature: _____ **Date:** _____

*Students who wish to take more than 18 hours during the semester will need to have the approval signature of the Vice-President of Academic Affairs.

Vice-President for
Academic Affairs' Signature: _____ **Date:** _____