

Student ID # **(REQUIRED)**

@

Student's Name: (Last) _____ (First) _____ (Middle) _____

Address: No. and Street _____ City or Town _____ State _____ Zip Code _____

Check here if your address has changed since you last attended.

Social Security # - -

NOT REQUIRED IF STUDENT ID# PROVIDED

E-mail Address: _____

Daytime Phone Number - -

Date of Birth: _____

I am registering for: FALL SPRING SUMMER Year: _____ I am a: New Student Returning Student Readmit Student



CRN	COURSE CODE	COURSE TITLE	CREDITS	DAY(S)-CIRCLE	TIME	ROOM
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M T W R F S O	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M T W R F S O	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	M T W R F S O	<input type="text"/>	<input type="text"/>

An Advisor's signature is **REQUIRED** for ALL courses with prerequisites.

TOTAL CREDITS:

(Online = O)

MPR-CrReg, Form Rev. 3/11

ADVISOR'S SIGNATURE: _____ DATE _____

(REQUIRED)
STUDENT'S SIGNATURE: _____ DATE _____



FOR OFFICE USE ONLY

Data entry by: _____

QuickAdmit \$20.00 App. Fee