

SOCIAL SECURITY # _____

(PLEASE INDICATE SEMESTER/YEAR) FALL _____ SPRING _____ SUMMER _____

NAME _____
LAST FIRST MIDDLE

(PLEASE CHECK ONE) ASSOCIATE CERTIFICATE NON-DEGREE UNCLASSIFIED

ADDRESS _____

INDICATE MAJOR: _____

CITY/STATE _____ ZIP _____

EMERGENCY CONTACT: _____

PHONE # _____

EMERGENCY PHONE # _____

* **GRADE OPTION**
BLANK=REG. GRADE
"A" FOR AUDIT
"C" FOR CR/NC

CALL NUMBER	DEPT TITLE	COURSE NO.	SEC NO.	CR HR	M	T	W	R	F	S	TIME	ROOM	INSTRUCTOR	*GRADE OPTION

STUDENT SIGNATURE DATE

OFFICE USE ONLY
REG. INITIAL _____ DATE _____