

Registration Form

Last I	Name		First Name		
Reg.	No		Passport No		
Email Address					
Major					
Place a ✓ where appropriate					
Bachelor Diploma Diploma Certificate					
Place a √ where appropriate					
Fall Spring Summer Year					
No	Course Code	Course Title	9	Credits/Hours	Schedule
1					
2					
3					
4					
5					
6 7					
Student Certification: I understand and accept the responsibility for the above chosen courses towards my program requirements.					
Student Signature			Date		
FOR OFFICIAL USE ONLY					
Approved by the Academic Advisor Yes No					
Name / Signature Date					
Approved by the Registrar					No
Name / Signature Date					