TERM	
1st Semester	2nd Semester
Summer Sessions	
3 week	1st 5 week
8 week	2nd 5 week

Student Identification Number (Social Security Number)								

Date _____

Last Name _____ First _____ Middle _____

Current Mailing Address

Street _____

City _____ State _____

Zip Code _____ Area Code _____ Telephone _____

Call NO.	DEPARTMENT	COURSE NUMBER	#CREDIT HOURS	*P/N	SECTION NUMBER	TIME		DAYS					
						BEGIN	END	M	T	W	R	F	S