

COURSE REGISTRATION FORM

Semester: Fall Spring Summer Year _____ Student ID# _____

Last Name _____ First Name _____

Please indicate any other name(s) under which your educational records may appear:

Last Name _____ First Name _____

Last Name _____ First Name _____

Permanent Address _____

E-mail _____
(FMU Student E-mail) (Alternative E-mail)

Phone # () _____ - _____ Gender: Female Male

Date of Birth _____ Do you live on Campus? Yes No

Classification _____ Major _____

Graduate Program Graduate Education Program Graduate MBA Program

**Note: Please notify the Registrar's Office of any changes to your mailing/e-mail address and phone numbers.
You will not be considered fully registered until you have cleared the Business Office.**

COURSE PREFIX AND NUMBER	COURSESECTION AND TYPE (LEC/WEB/LAB)	COURSE TITLE	CREDIT HOURS	DAYS	CLASS START	CLASS END	INSTRUCTOR	ROOM
EXAMPLE								
MAT110	1400 LEC	COURSE TITLE	3	MWF	8:00 AM	8:50 AM	John doe	SAB101

Total No. of Credits: _____

Student's Signature Date

Advisor's Signature Date

Registrar's Office Representative's Signature Date