

Course Registration Form	Date	<i>dd</i>	<i>mm</i>	<i>yyyy</i>

Student and Advisor Information		Student's Academic Status	
Student's Name		Cumulative GPA	
Student's ID		Credits Completed	
Advisor's Name		Remaining credits	

Registration for	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer
Student's Level	<input type="checkbox"/> Orientation	<input type="checkbox"/> Academic	<input type="checkbox"/> Graduating

Course Registration Request								
#	Course Code	Course Title	Sec	Class Time	Credit Hours	Pre-requisite		Action Add/Drop
						Course Code	Done Y/N	
1								
2								
3								
4								
5								
6								
Total Number of Credit Hours						Student's Signature		

For Official Use only			
Academic Advisor's Signature		Comments	
Registrar's Signature		Accountant's Signature	<input type="checkbox"/> Student paid all previous debit <input type="checkbox"/> Student paid current fees

For Exceptions only			
Department's Head Signature		Comments	
Dean's Signature (if required)		Vice President's Signature (if required)	