



ACADEMIC REGISTRATION FORM

This form is to be completed by the student and his/her academic advisor to register for classes each semester and to provide documentation for approved course substitutions.

STUDENT INFORMATION

Name _____ Student ID# _____

Degree Major _____ Concentration _____

Minor _____ Semester _____

REGISTRATION – *(Note any out of sequence courses with * and rationale on back)*

Course 1 _____

Course 2 _____

Course 3 _____

Course 4 _____

Course 5 _____

Course 6 _____

COURSE SUBSTITUTION

Course Required for Degree

Course Substitution Requested

SIGNATURES

Student _____ Advisor _____

Academic Dean (REQUIRED ONLY FOR COURSE SUBSTITUTIONS) _____