**Registration Form**

Indicate year of registration: Year: Indicate semester of registration: [ ]  Summer [ ]  Fall [ ]  Spring

First Name: M.I. Last Name: S #:

Phone # (primary): Email Address (student):

Street Address: City: State: Zip

**Example: (approval signature only if required)**

CRN: 12345 Course ID: ENG 1021Section: 002 Credit: 3 \*Approval Signature:

CRN: Course ID: Section: Credit: \*Approval Signature:

CRN: Course ID: Section: Credit: \*Approval Signature:

CRN: Course ID: Section: Credit: \*Approval Signature:

CRN: Course ID: Section: Credit: \*Approval Signature:

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CRN: Course ID: Section: Credit: \*Approval Signature:

CRN: Course ID: Section: Credit: \*Approval Signature:

CRN: Course ID: Section: Credit: \*Approval Signature:

Total Number of Credits: Overload Approval:

**\*SIGNATURES REQUIRED:**

Unmet Prerequisites: Department Chair

Time Conflicts: Both Instructors

Registrations in excess of 18 credit hours: Division Dean

 Initial to Audit. By auditing a class, you are NOT eligible to receive the COF Stipend; therefore, you will be charged both the tuition and the established stipend amount. Grades and credits are not assigned for audited courses.

Instructor of audited course must sign here: Date:

Initial to Decline COF Stipend:

**STUDENT SIGNATURE authorizes**

* The COF stipend to be applied to your In-State Tuition unless otherwise stated above, and
* Holds you financially responsible for all the above registered courses.

Student Signature: Date:

Processed by: Date: