

## **Enrollment Form**

	Semester:		Year:				
Name:					ID Number:		
Current Address:					Permanent Address:		
Current Telephone: ( )					Permanent Telephone: ( )		
Date of Birth:					Marital Status:	□ Married □ Single	
College: Major				Major	Ye	ar in Program:	
Expected Graduation Date:							
Emergency Contact:					Emergency Telepho	one: ( )	
Permission to release hard copy and online director					ory information:	□ Yes □ No	
The data above is correct and the schedule below lists my desired class enrollment for the semester indicated. Also, to cancel my enrollment, I must notify my advisor and complete the cancellation request prior to the first day of class.							
Student Signature:					Date:		
Advisor Signature:					Date:		
DEPT	COURSE #	SEC#	HRS	CO	URSE TITLE	INSTRUCTOR	
OFFICE USE ONLY:							
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