



# Enrollment Form

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Name:		ID Number:
Current Address:		Permanent Address:
Current Telephone: (     ) _____		Permanent Telephone: (     ) _____
Date of Birth:		Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single
College: _____	Major: _____	Year in Program: _____
Expected Graduation Date: _____		
Emergency Contact: _____		Emergency Telephone: (     ) _____
Permission to release hard copy and online directory information: <input type="checkbox"/> Yes <input type="checkbox"/> 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	COURSE TITLE	INSTRUCTOR

OFFICE USE ONLY: