

**COLLEGE OF ENGINEERING AND ARCHITECTURE**  
**Registration Request Form**  
(Please print clearly and legibly)

**STUDENT INFORMATION:**

Student ID#: @ \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Email: \_\_\_\_\_

Local Address: \_\_\_\_\_  
Street City State Zip Code

Permanent Address: \_\_\_\_\_  
Street City State Zip Code

Phone: (Cell) \_\_\_\_\_ (Local) \_\_\_\_\_ (Permanent) \_\_\_\_\_

**IN CASE OF EMERGENCY, NOTIFY:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: (Cell) \_\_\_\_\_ (Local) \_\_\_\_\_ (Permanent) \_\_\_\_\_

**PROGRAM:**

- Architecture     
 Civil Engineering     
 Computer Engineering     
 Mechanical Engineering  
 Chemical Engineering     
 Electrical Engineering     
 Computer Science

REGISTRATION INFORMATION					
ACADEMIC YEAR: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer					
CRN Number	Course Number	Section Number	Course Name	R/A/P	Credit Hours

**REMARKS:** \_\_\_\_\_

**SIGNATURES:**

Student: \_\_\_\_\_ Advisor: \_\_\_\_\_ Date: \_\_\_\_\_