

**COLLEGE OF ENGINEERING AND ARCHITECTURE  
Registration Request Form**

**Student ID# @**

**Name:**     
Last First Middle

**Date of Birth (MM/DD/YYYY):**    **Email:**

**Local Address:**      
Street City State Zip

**Permanent Address:**      
Street City State Zip

**Phone:** (Local)  (Permanent)  (Cell)

**In case of Emergency, Notify:** Name

**Address:**      
Street City State Zip

**Program**  
 Architecture     Chemical Engineering     Civil Engineering     Computer Engineering  
 Computer Science     Electrical Engineering     Mechanical Engineering

**Academic Standing:**  
 Good Standing     Probation/Suspension

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:**

**Student Signature**  **Advisor Signature**  **Date:**   
 Write your full name for signature