COLLEGE OF ENGINEERING AND ARCHITECTURE

Registration Request Form

(Please print clearly and legibly)

Student ID#: @|___|____|____|____|____|____|____|____|

Name:_____
Last *First* *MI*

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*

Degree Sought:

☐ Architecture ☐ ChemE ☐ Civil ☐ CpE ☐ EE ☐ MechE ☐ CS

Check all that apply:

☐ Good Standing ☐ Probation/Possible Drop

REGISTRATION INFORMATION					
Academic Year _____			**☐ Fall** **☐ Spring** **☐ Summer**		
CRN Number	**Course Number**	**Section Number**	**Course Name**	**R/A/P**	**Credit Hours**

Remarks:_____

Student Signature: _____ Advisor Signature:_____ Date:_____