

# COURSE REGISTRATION APPROVAL

This form is to be completed by CEA students to record proposed course schedule. The student's academic advisor will review the form and provide the student with their registration Personal Identification Number (PIN) once approved. It is the responsibility of the student to notify their academic advisor if they make any changes to their schedule.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Bison E-Mail: \_\_\_\_\_

Major: \_\_\_\_\_ Classification:  Freshman  Sophomore  Junior  Senior

Semester:  Fall  Spring  Summer Year: \_\_\_\_\_ Academic Advisor: \_\_\_\_\_

## NOTES AND ALTERNATE COURSES

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## REGISTRATION INFORMATION

CRN	Course Subject	Course Number	Section Number	Course Title	Credit Hours

**Total Credits:** \_\_\_\_\_

My signature acknowledges that I understand that I am responsible for registering for the courses that my academic advisor has approved for me to take. I will consult with my academic advisor before making any adjustments to my schedule.

Registration PIN \_\_\_\_\_

\_\_\_\_\_  
Student's Signature                                  Date                                  Advisor's Signature                                  Provided by Academic Advisor