



Name: _____ **Campus ID:** _____
Last Name First Name M.I.

Address: _____ **Semester:** _____ **20**_____
Street City State Zip-Code

Home Phone: _____ **Cell Phone:** _____

Employer: _____ **Work Phone:** _____ **Email:** _____

PROGRAM

School of Education		School of Engineering	
MA; MSED; MS <input type="checkbox"/>	ADVANCED CERTIFICATE <input type="checkbox"/>	Chemical <input type="checkbox"/>	School of Continuing & Professional Studies
School Building Leadership <input type="checkbox"/>	ACT Mental Health Counseling <input type="checkbox"/>	Civil <input type="checkbox"/>	
Counseling <input type="checkbox"/>	ACT Counseling <input type="checkbox"/>	Computer <input type="checkbox"/>	
Mental Health Counseling <input type="checkbox"/>	ACT School Building Leadership <input type="checkbox"/>	Electrical <input type="checkbox"/>	
Special Education <input type="checkbox"/>	ACT Advanced Leadership Studies <input type="checkbox"/>	Environmental <input type="checkbox"/>	
Marriage & Family Therapy <input type="checkbox"/>	ACT Spec Education Bilingual Ext. <input type="checkbox"/>	Mechanical <input type="checkbox"/>	
Five-year Program <input type="checkbox"/>	ACT Counseling Bilingual Ext. <input type="checkbox"/>	School of Science	
Dual Childhood Special Education <input type="checkbox"/>	ACT Instruct.Design/Delivery <input type="checkbox"/>	Organizational Leadership <input type="checkbox"/>	MS in Mathematics <input type="checkbox"/> MS in Applied Math/Data Analytics <input type="checkbox"/> BS/MS in Adolescent Education Math <input type="checkbox"/>
Advanced Leadership Studies (SDL) <input type="checkbox"/>	School of Business		
Instructional Design/Delivery <input type="checkbox"/>	BN BSMBA Accounting <input type="checkbox"/>		
STATUS: Matriculated <input type="checkbox"/>	BN BSMBA Business <input type="checkbox"/>		
Non-matriculated <input type="checkbox"/>	MBA Administration <input type="checkbox"/>		

CRN	Dept	Course #	Section	Title	Cr

IMPORTANT: (I) YOUR COURSES MUST BE APPROVED BY YOUR ADVISOR
 (II) PAYMENT MUST BE MADE TO THE STUDENT ACCOUNTS OFFICE
 (III) YOU MUST BE OFFICIALLY REGISTERED BEFORE CLASSES BEGIN

 Student's signature Date

 Director Approval Date