MANHATTAN UNIVERSITY

JASPER CENTRAL

UNDERGRADUATE REGISTRATION FORM

Name_____ Campus ID #_____
(First, Middle, Last)

Program of Study:
___ Arts and Sciences
___ Business
___ Engineering
___

Major:
1._____
2._____

Minor:
1._____
2._____

Status:
___ FR
___ SO
___ JR
___ SR

___ Non-Mat

Semester:
___ Fall _____
___ Spring _____

Expected Graduation:
_____
(Month & Year)

Required Courses

CRN	Dept	Crs #	Sec	Title	Cr

Total Credits: _____

Alternate Courses

CRN	Dept	Crs #	Sec

CRN	Dept	Crs #	Sec

I UNDERSTAND THAT THIS RECOMMENDED SCHEDULE WILL KEEP ME ON TRACK TOWARDS MEETING THE DEGREE REQUIREMENTS FOR MY PROGRAM OF STUDY. I ALSO UNDERSTAND THAT MY FAILURE TO REGISTER FOR THESE COURSES MAY RESULT IN:

DELAYED GRADUATION
THE NEED TO REGISTER FOR SOME OR ALL OF THESE COURSES AT A LATER DATE
ADDITIONAL EXPENSES FOR CREDITS BEYOND REGULAR LIMITS
OTHER CONSEQUENCES

_____ _____
(Student Signature (Date)

Advisor _____ Date _____

Advisor _____ Date _____

FOR USE ONLY BY DEPARTMENT CHAIR Course _____

Chair _____ Date _____

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