
Please Print

Last Name _____ First Name _____ M.I. _____ CSU ID# _____

Today's Date ____ / ____ / 20____ College of Study _____ ^ Graduate ^ Undergrad TERM YEAR: 20____

Home Phone _____ Business Phone _____

^ Fall
^ Spring
^ Summer

Email Address _____

Courses to be Added: (Please complete ALL boxes)

Class Number	Credit Hours	Subject / Number / Section	Instructor Signature (mandatory if
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