

STUDENT ID
STUDENT NAME (Last, First, M.I.)

PROGRAM (School)
PLAN (Major)

FALL	YEAR
SPRING	_____
SUMMER	_____

COURSES TO BE ADDED:

Class Number	Subject	Catalog Number	Units	*Days	*Time	*Bldg/Room	Variable Credits?

COURSES TO BE DROPPED:

Class Number	Subject	Catalog Number	Units

*SUBJECT TO CHANGE - Please check your schedule on-line for the most up-to-date information.

ALTERNATE COURSES:

TOTAL UNITS _____

The student, by signing below, hereby agrees and promises to pay the University all tuition and fees resulting from this registration.	
STUDENT'S SIGNATURE	DATE

ADVISOR'S SIGNATURE	DATE
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