



Registration Form

INSTRUCTIONS

1. Fill in this form **IN BLOCK LETTERS** with a ball point pen.
2. Your registration will be processed only when all information in this form is provided.
3. The white copy is for the student and the yellow copy is for the advisor.
4. The Student must return the green copy to the office of registration to obtain the statement of fees.

Name:..... Father:..... Family:..... Nationality:.....

Year 2 0 - 2 0	Student Type : <input type="checkbox"/> New Student <input type="checkbox"/> Continuing Student <input type="checkbox"/> Returning Student <input type="checkbox"/> Other:.....	Program Faculty:..... Major: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate	I.D. No.
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer			

CRN*	SUBJECT	NUMBER	SECTION	COURSE TITLE	CREDITS	PLACE	DAYS	TIME	DEPARTMENTAL SIGNATURE

Advisor's Name
 Advisor's Signature

TOTAL CREDITS

Student's Signature
 Date