

Please indicate quarter you wish to register: Fall ____ Winter ____ Spring ____ Summer ____ Year ____

Social Security number _____ (optional if UID is available) UID _____

Name _____

Address _____
Street City/State Zip

Home phone _____ Date of birth _____

CRN	Department	Course number	Section number	Credit hours	Audit	Credit
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total credit hours Number of hours for credit Number of hours for audit

Health Insurance Y N Legal Fee Y N

Registrar authorization _____

\$ _____
Amount waived

Exemption Code 505