



# COURSE REGISTRATION FORM

Semester: Fall      Spring      Summer      Year \_\_\_\_\_      Student ID# \_\_\_\_\_

Last Name \_\_\_\_\_      First Name \_\_\_\_\_

*Please indicate any other name(s) under which your educational records may appear:*

Last Name \_\_\_\_\_      First Name \_\_\_\_\_

Last Name \_\_\_\_\_      First Name \_\_\_\_\_

Permanent Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E-mail \_\_\_\_\_  
(FMU Student E-mail)      (Alternative E-mail)

Phone # (    ) \_\_\_\_\_ - \_\_\_\_\_      Gender: Female      Male

Date of Birth \_\_\_\_\_      Do you live on Campus?      Yes      No

Classification \_\_\_\_\_      Major \_\_\_\_\_

Graduate Program      Graduate Education Program      Graduate MBA Program

**Note: Please notify the Registrar's Office of any changes to your mailing/e-mail address and phone numbers.  
 You will not be considered fully registered until you have cleared the Business Office.**

COURSE PREFIX AND NUMBER	COURSESECTION AND TYPE (LEC/WEB/LAB)	COURSE TITLE	CREDIT HOURS	DAYS	CLASS START	CLASS END	INSTRUCTOR	ROOM
<b>EXAMPLE</b>								
MAT110	1400 LEC	COURSE TITLE	3	MWF	8:00 AM	8:50 AM	John doe	SAB101

Total No. of Credits: \_\_\_\_\_

\_\_\_\_\_  
 Student's Signature      Date

\_\_\_\_\_  
 Advisor's Signature      Date

\_\_\_\_\_  
 Registrar's Office Representative's Signature      Date