Registration Form

Year: 20_____ Term: ☐ Fall ☐ Spring ☐ Summer

PLEASE PRINT:

LSCS ID# _____

Name _____
Last First MI

Advisor/Counselor Required and/or Recommended Courses

Required courses:

_____

_____

Recommended courses:

_____

_____

Student Signature: _____ Date: _____

Advisor/Counselor Signature: _____ Date: _____

Schedule Planning Area

Class #	Course	Course #	Course Title	Course Section #	Time	Days
01976	ENGL	1301	Comp & Rhet 1 **EXAMPLE ONLY**	3001	8–8:55 am	MWF

Entered by: _____ Date: _____