SEMESTER YEAR

Date:

*dd/mm/yr*

NAME:

DEPARTMENT:

Last Name

First Name

M Initial

PROGRAM:

EMAIL:

ADVISOR’S NAME:

PHONE #:

(Home #)

(Cell#)

ADVISOR’S SIGNATURE:

 

**Semester I, August – December, 2022**

**REGISTRATION FORM**

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| **COURSES RECOMMENDED AT ADVISING** |
| **Course Code & Sec****Eg. MTH 103-1** | **Credit** | **Course Title** | **Days** | **Time** | **Rm** |
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| **CHANGES MADE AT REGISTRATION****(*rewrite additions & section changes only; draw one line through deletions in the table above)*** |
| **Course Code & Sec** | **Credit** | **Course Title** | **Days** | **Time** | **Rm** |
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Reviewed by:

Initials Student’s Signature

Required Device and Access: State device that will be used for the class. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have access to reliable internet? Yes \_\_\_\_ No \_\_\_\_\_