



# Registration Form

<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
<b>ID</b>	<b>CGPA</b>	<b>Mobile Number</b>
<b>Semester / Year</b> <input type="checkbox"/> Fall _____ <input type="checkbox"/> Spring _____ <input type="checkbox"/> Summer _____	<b>Level</b> <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Mid-Senior <input type="checkbox"/> Senior	<b>Department</b>

Course Code	Course Title	Credit Hrs	Pre-requisite

**Total Credit Hrs** \_\_\_\_\_

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Academic Advisor's Signature**

\_\_\_\_\_  
**Student Affairs**

\_\_\_\_\_  
**Date**