

## REGISTRATION FORM

SEMESTER \_\_\_\_\_ / 20\_\_\_\_\_

Name _____	STUDENT ID# _____
Address _____	D.O.B. _____
_____	EMAIL _____
City _____ State ____ Zip _____	PHH _____
	PHW _____
	PHC _____

### Bursar Clearance

Approved \_\_\_\_\_ Date \_\_\_\_\_  
 By \_\_\_\_\_  
 Cash \_\_\_\_\_  
 Financial Aid \_\_\_\_\_

### Admissions

New ☐ Transfer New ☐  
 Returning Student \_\_\_\_\_  
 Re-Entry \_\_\_\_\_  
 Date \_\_\_\_\_  
 Mentor \_\_\_\_\_  
 Reg. By \_\_\_\_\_

☐ Check if change of address and phone numbers  
 within 1-12 months Major \_\_\_\_\_

<u>Costs</u>	<u>Course</u>	<u>Credit Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total</b>	_____	_____

**Students who wish to take 18 hours or more must receive approval  
 from the Vice President of Academic Affairs.**

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_  
 DENIED \_\_\_\_\_ DATE \_\_\_\_\_