



REGISTRATION WORKSHEET

Student Name: _____ ID#: _____

Degree & Major: _____ Class Standing: _____

Phone #: (_____) _____ Email: _____

Advisor Name (please print): _____

I have been advised to register for the following courses for: _____ 20_____
(fall, spring, summer)

CRN	Subject	Course #	Sec #	Course Title	Days	Times	Cr. Hrs.

Total Credit Hours: _____

Advisor comments:

I, the student, understand that it is my responsibility to register for the above courses through the Registrar's Office or my MedailleOne account. I understand that if I deviate from the above courses, without prior approval from my advisor, I risk disrupting my program of study and accept and resulting consequences.

Student Signature Date Advisor Signature Date

PLEASE NOTE: Students CANNOT wait list themselves on-line. If a course is closed, students must bring this worksheet to the Registrar's Office in order to be placed on a wait list.

Student retains original to take to the Registrar's Office and the advisor retains a copy of this worksheet.