



# REGISTRATION FORM

**(Please print firmly)**

- Term:**  
 Fall  
 Spring  
 Summer  
 20\_\_\_\_\_
- Campus:**  
 Florissant Valley  
 Forest Park  
 Meramec  
 Wildwood

ID # **A** \_\_\_\_\_ Name \_\_\_\_\_  
(Last Name) (First Name) (MI)

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_  Personal  Business Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Program of Study \_\_\_\_\_ Student Status:  General (1-18 hours)  Regular: Financial Aid or Degree Seeking (1-18 hours)

Will you be receiving any financial aid?  Yes  No *Federal financial aid recipients MUST go to Advising prior to registration.*

You must select an option for each of the following:

- My primary goal in attending (select one):*  Improve existing job skills  Prepare for a new job  Transfer courses  Self-improvement
- I expect to accomplish this goal by (select one):*  Taking selected courses  Certificate program (CP, CS)  Associate degree

Office Use Only FA	CRN	Course Number	Section	Hrs.	Audit *	Course Title	Day Class Meets						Time
							M	T	W	R	F	S	
Example	10446	HST:101	635	3		American History I	M	T	W	R	F	S	3-3:50 p.m.
				<b>Total Hours</b>									

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*If you choose to audit this course, please put an "X" in the Audit column.* Advisor/Counselor Signature \_\_\_\_\_ Date \_\_\_\_\_

**— OFFICE USE ONLY —**

Comments:

Date Rec'd. \_\_\_\_\_ By \_\_\_\_\_ Payment Due Date \_\_\_\_\_