



REGISTRATION FORM

_____ **20** _____
SEMESTER/TERM

| STUDENT ID # | | | | | | | |
|--------------|--|--|--|--|--|--|--|
| | | | | | | | |

ULV ABIDES BY THE FAMILY RIGHTS & PRIVACY ACT

GRADUATE
UNDERGRADUATE

| | | | |
|---|-------|----------------|--|
| LEGAL NAME - LAST | FIRST | MIDDLE | MAIDEN |
| HOME STREET ADDRESS (<input type="checkbox"/> CHECK IF DIFFERENT FROM LAST REGISTRATION) | | | RESIDENCE CODE (CHECK ONE): <input type="checkbox"/> IN-STATE (I) <input type="checkbox"/> OUT OF STATE (O) <input type="checkbox"/> INTERNATIONAL (F) |
| CITY | STATE | ZIP | DAYTIME/WORK/DORM PHONE # EVENING/HOME PHONE # |
| ADDRESS WHILE AT SCHOOL (IF DIFFERENT FROM ABOVE) | | E-MAIL ADDRESS | |

| CRN NO. | SUBJECT | COURSE NO. | SEC NO. | GRADE OPTION | | | TITLE | SEM. HRS. | INSTRUCTOR | ROOM | DAYS | TIME |
|---------|---------|------------|---------|--------------|---------|-------|-------|-----------|------------|------|------|------|
| | | | | CRD NCR | A-B-C-D | AUDIT | | | | | | |

SCHEDULED CLASSROOM COURSES

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

SPECIAL COURSES: DIRECTED STUDY, INDEPENDENT STUDY

| | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

ACCOUNTING OFFICE

INITIALS _____
DATE

TOTAL SEMESTER HOURS ENROLLED →

REGISTRAR'S OFFICE

INITIALS _____
DATE

NOTE: ANY CHANGES TO THIS PROGRAM OF STUDY MUST BE MADE ON A PROGRAM CHANGE FORM AND SUBMITTED TO THE REGISTRAR'S OFFICE BY THE PROPER DEADLINE.

STUDENT'S SIGNATURE DATE

ADVISOR'S SIGNATURE DATE