

Course Registration Card

STUDENT NAME		LAST	FIRST	MIDDLE/ MAIDEN	AREA OF CONCENTRATION	DEGREE DESIRED	NEW STUDENT AT ALBRIGHT		CLASS YEAR
							YES ()	NO ()	20
ADDRESS WHILE ATTENDING				CAMPUS CENTER BOX	EMAIL ADDRESS			OFFICAL USE ONLY	(LOAD)
CELL PHONE NUMBER	DATE OF ADVISOR APPROVAL		ADVISOR APPROVAL	YEAR 20____--20____	() FULL-TIME () PART -TIME	SPRING			
DEPARTMENT	COURSE NUMBER	SECTION	INSTRUCTOR	CLASS HOUR(S)	DAYS (M,T,W,T,H,F,S)	COURSE TYPE			
						ELEC.	CON.	GEN.STUD.	AUD.

NOTE: ALL WITHDRAWLS MUST BE PRESENTED IN WRITING TO THE REGISTRAR'S OFFICE