



Registration Form

Year: 20_____

Term:

Fall

Spring

Summer

PLEASE PRINT:

LSCS ID# _____

Name _____
Last First MI

Advisor/Counselor Required and/or Recommended Courses

Required courses:

Recommended courses:

Student Signature: _____

Date: _____

Advisor/Counselor Signature: _____

Date: _____

Schedule Planning Area

Class #	Course	Course #	Course Title	Course Section #	Time	Days
01976	ENGL	1301	Comp & Rhet 1 EXAMPLE ONLY	3001	8-8:55 am	MWF

Entered by: _____

Date: _____