



**CAN'T GET WHAT YOU NEED ONLINE?**  
**DETACH** this page and use for Course  
 Registration assistance in the Registrar's Office  
  
**THIS FORM IS REQUIRED TO REGISTER FOR:**  
**Practicum, Internship, Instructor Permitted, Independent Study**

# Course Registration

Semester	
<input type="checkbox"/>	Fall _____
<input type="checkbox"/>	Spring _____
<input type="checkbox"/>	Summer _____

ID# \_\_\_\_\_ Date: \_\_\_\_\_

Name \_\_\_\_\_  
*last first middle former*

**REGISTER FOR 1 CHAPEL**  
**Alpha Chapel** (Course ID# *CLIF 1790 01*) or **Omega Chapel** (Course ID# *CLIF 1790 02*)  
 You must register for and attend either the Alpha Chapel or Omega Chapel.  
 Be sure to include Chapel in your schedule.

## CLASS SCHEDULE

	Dept <i>(ARTE)</i>	Number <i>(1022)</i>	Section <i>(2)</i>	Course Title	Credit	Days	Time	Approval <i>(if necessary)</i>	
1									
2									
3									
4									
5									
6									
7									
8									
9									
					<b>TOTAL CREDITS</b>				

\_\_\_\_\_  
**Student's Signature** *(Student's signature verifies information and authorizes course choices)*

\_\_\_\_\_  
**Advisor's Authorization**