

Last Name _____ First Name _____ Student #ID _____
 Email _____
 Term = Summer _____ Fall _____ Spring _____ Date _____ Daytime Phone _____

Registration Form

CRN	SUBJ	NUM	SEC	Credit Hrs.	Course Action	DAYS and TIMES Please Circle	Major: _____	Beg Time	End Time
					Add Drop	M T W R F S U			
					Add Drop	M T W R F S U			
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					Add Drop	M T W R F S U			
					Add Drop	M T W R F S U			



Student's Signature

Advisor Name

Advisor Signature

Please return to:
 Atlanta Metropolitan State College
 Registrar's Office
 Student Services & Success Center
 Front Lobby