Registration Worksheet

Name:_____ ID#: _____ Current Semester:_____

This registration worksheet should be used in conjunction with your CAPP Audit, your major (if applicable) requirement check-list and your transcript. Completion of the worksheet will prepare you for your meeting with your faculty advisor and facilitate the registration process on the WINDOW.

_____ _____

Faculty Signature *(verifies an advising session prior to registration)* **Date**

Your Ideal Schedule

Class #	Dept	Course	Sec/Lab#	5 Digit CRN	Days	Time	Instructor	Credit	Reason

Also - record a few alternates in case your ideal courses have been filled. *(not required)*

Alternate Courses

Class #	Dept	Course	Sec/Lab#	5 Digit CRN	Days	Time	Instructor	Credit	Reason