REGISTRATION FORM

LBW Lurleen B. Wallace Community College

SEMESTER_____**YEAR**_____

Student ID_____   Name_____
                                                     Last   *First*   *Middle*

Address_____   Phone (_____) _____   Date of Birth_____

City_____   State_____   Zip Code_____

HAS YOUR ADDRESS CHANGED? IF SO, PLEASE NOTIFY THE OFFICE OF STUDENT SERVICES.

CHECK <u>ONE</u> OF THE PROGRAMS BELOW AND INDICATE YOUR MAJOR, IF APPLICABLE:

o AA DEGREE   Transfer University _____ Major_____

o AS DEGREE   Transfer University _____ Major_____

o AAS DEGREE (CAREER/TECHNICAL PROGRAM)   Major_____

o CERTIFICATE(CAREER/TECHNICAL PROGRAM)   Major_____

o TRANSIENT STUDENT

o HIGH SCHOOL STUDENT

o SPECIAL INTEREST (Not pursuing a formal award, personal enrichment)

o CAREER ORIENTED (Not pursuing a formal award, job related)

SECTION	COURSE NUMBER	COURSE TITLE	CREDIT HOURS	CONTACT HOURS	TIME	DAYS TAUGHT					
						M	Tu	W	Th	F	Sa
TOTAL CREDIT AND CONTACT HOURS											

NOTE: Each student is responsible for selecting and registering for courses appropriate to his/her educational objective and satisfying all requirements for an award at the expected time of graduation from this college or from any other educational institution to which (s)he may transfer. An advisor's signature on this form denotes consultation, not approval or disapproval, of the courses selected by the student.

STUDENT SIGNATURE_____

ADVISOR NUMBER_____**ADVISOR**_____**DATE**_____**DATA ENTRY**_____**DATE**_____