

LAST NAME _____

Fall 20 _____

FIRST NAME _____

STUDENT ID _____

Spring 20 _____

Summer 20 _____

LAST 4 OF SOCIAL SECURITY NUMBER _____

EMAIL _____

First Time UPT Student ()

Continuing UPT Student ()

	Code (5 digit)	Dept	Number	CR	Mon	Tues	Wed	Thurs	Fri		Room	Bldg
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

The courses above were agreed upon by student and advisor. Any change could negatively affect the student's ability to graduate in a timely manner or complete academic requirements.

I acknowledge that this registration creates a financial obligation, which can only be adjusted by withdrawal prior to the first day of University classes.

Student's Signature	Date	Advisor's Signature	Date

ADV INDICATOR REMOVED?