

REGISTRATION FORM

First name		Middle, Last name		E-mail				niversity II	Program ID	
Select Term:		Fall	Spring 🗌		ç	Summer 🗌		Year:		
Select Program:		BLDG 🗌 ERGY 🗌	MATL			MANF 🗌 CESS 🔲		COMM		
Courses (please list all courses to be registered):					Schedule (please write course ID in their assigned period):					
Course ID	Course	e Name	Group	Credit hours		1 st Period	2 nd Period	3 rd Period	4 th Period	5 th Period
					Sat.					
					Sun.					
					Mon.					
					Tue.					
					Wed.					
					Thu.					
Total no. of registered credit hours										
Student Signature Date			Aca	Academic Advisor Name			Academic Advisor Signature			Date

Program Director Name

Program Director Signature Date