

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