

CENTENARY COLLEGE FULL TIME REGISTRATION FORM

12 OR MORE CREDITS

SEMESTER: FALL SPRING 2 _____ circle semester/fill in year

STUDENT NAME: _____

ID#: _____

MAJOR: _____ ADVISOR: _____ COMMUTER: _____ RESIDENT: _____

_____ *Freshman* _____ *Sophomore* _____ *Junior* _____ *Senior* _____ *Post-Bac* (please check one)

COURSE #	SECTION	CREDITS	COURSE TITLE	DAYS	TIME	PERMISSION

TOTAL # OF CREDITS: _____

****FORMS SUBMITTED IN PENCIL CAN NOT BE ACCEPTED.****

* I AGREE TO ABIDE BY THE RULES & REGULATIONS OF CENTENARY COLLEGE AS STATED IN THE CATALOG.

* ALL CHANGES TO YOUR SCHEDULE MUST BE DONE ON AN ADD/DROP FORM IN THE REGISTRAR'S OFFICE.

STUDENT SIGNATURE: _____ DATE: _____ ADVISOR'S SIGNATURE: _____ DATE: _____

RECEIVED BY THE REGISTRAR'S OFFICE _____ **DATE RECEIVED** _____