



REGISTRATION FORM

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 ONE OF THE PROGRAMS BELOW AND INDICATE YOUR MAJOR, IF APPLICABLE:

AA DEGREE Transfer University _____ Major _____

AS DEGREE Transfer University _____ Major _____

AAS DEGREE (CAREER/TECHNICAL PROGRAM) Major _____

CERTIFICATE(CAREER/TECHNICAL PROGRAM) Major _____

TRANSIENT STUDENT

HIGH SCHOOL STUDENT

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

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 _____