



REGISTRATION FORM

ETC SUMMER PROGRAM 2009

Student Name: _____ Student Address: _____
City, State, Zip

Telephone or Cellular Phone () _____ E-mail address: _____

First Choice Courses:

Course#	Section #	Credit hours	Audit (A) or Credit (C)	Course Title	Faculty Name	Days & Time

Alternates:

Course #	Section #	Credit hours	Audit (A) or Credit (C)	Course Title	Faculty	Days & Time

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

ADVISOR SIGNATURE

ADVISOR PRINTED NAME

OFFICE USE ONLY	
Date	_____
Received:	_____
Date Processed	_____
By:	_____