

# COURSE REGISTRATION FORM

Term \_\_\_\_\_ Year \_\_\_\_\_

Name \_\_\_\_\_  
 Last First Date RAC # EKU I.D. Number Major

TIME	MONDAY	WEDNESDAY	FRIDAY	TIME	TUESDAY	THURSDAY
8:00				8:00		
9:05				9:30		
10:10				11:00		
11:15				12:30		
12:20				2:00		
1:25				3:30		
2:30						
3:35						
4:40						

EVENING

MONDAY	WEDNESDAY	TIME	TUESDAY	THURSDAY
		6:00		

Course Reference No.	Dept.	Course No.	Course Title	Gen. Ed.	Hours
<b>TOTAL</b>					

Please fill in box with section number if option applies.

	Professional Liability Insurance <small>(College of Health Sciences, Emergency Medical Care Program &amp; Communication Disorders only)</small>
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Notes:

\_\_\_\_\_  
Advisor Signature
\_\_\_\_\_  
Student Signature