

# HIGH POINT UNIVERSITY REGISTRATION FORM

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*TERM*

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*YEAR*

**NAME:**

**ID#:**

**MAJOR:**

**ADVISOR:**

**LOCAL  
ADDRESS:**

**CLASS  
RANK:**

**PHONE:**

DEPT	COURSE NUMBER	SECT	DAYS	TIME	COURSE DESCRIPTION	CREDIT HOURS	INSTRUCTOR INITIALS*
<b>TOTAL HOURS</b>							<i>*Initials needed only when course requires instructor permission</i>

**SELECT ALTERNATE COURSES BELOW TO BE USED IF FIRST CHOICE IS NOT AVAILABLE**


**ADVISOR'S SIGNATURE REQUIRED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DEAN (IF CREDIT > 17)** \_\_\_\_\_ **DATE** \_\_\_\_\_