

# CARROLL COLLEGE SUMMER REGISTRATION FORM



PLEASE PRINT

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ID # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

LOCAL PHONE NUMBER \_\_\_\_\_ ADVISOR \_\_\_\_\_

COURSE REQUESTS	Request Number	COURSE NUMBER	SESSION	COURSE NAME	Credits	Special Grading	CLASS MEETING	
							Days	Times
1								
2								
3								
4								
5								
6								
7								
8								
						TOTAL CREDITS		

ALTERNATES	Instead of Request #	COURSE NUMBER	SESSION	COURSE NAME	Credits	Special Grading	CLASS MEETING	
							Days	Times

*Carroll College requires that 1) all tuition and fees be paid or payment arrangements made with the Business Office and 2) your billing statement be signed and returned to the business office as validation of your enrollment prior to the first day of class for your first session.*

SIGNATURES	STUDENT: _____ DATE: _____	
	ADVISOR: _____ DATE: _____	
	<i>If you plan on pursuing teacher certification, you must have the approval of the Department of Education and Physical Education.</i>	
EDUCATION FACULTY SIGNATURE: _____ DATE: _____		

*If anytime during the year your address, phone number, your parents address, phone number or information about you changes, please notify the Registrar's Office.*