

COURSE SELECTION REGISTRATION FORM

Springfield College

School of Human Services

Name: _____

Last First Middle Initial

ID# _____

Term (circle one):

SEPT JAN MAY

Year: _____

Site: _____

Primary Course Selections					
First Choice					
You will be enrolled in these courses if all registration requirements are met and if space is available					
Course Prefix	Course Number	Section Number	Credit Hours	Course Title	Instructor
Total Credits:					

Alternate Course Selections					
Second Choice					
You will be enrolled in these courses if all registration requirements are met and if space is available					
Course Prefix	Course Number	Section Number	Credit Hours	Course Title	Instructor
Total Credits:					

Advisor Signature: _____
Date: 6/5/08

Student Signature: _____
Date: _____