



REGISTRATION FORM

Student Name (last, first, middle)

Email Address UMC Student ID #

Current Mailing Address (Street, City, State, Zip Code)

Term of Enrollment

Fall	Spring	Summer	Year
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Add Class	Cancel Class	Subject	Course Number	Section	Class Number	Credits	Grade Option A-F / S/N
X		EXAMPLE: COMP	1011	2	54321	3	A-F

Directions: There are two ways of registering using this form.
 (1) *Print out the completed form, sign the form, have your advisor sign, and bring the form to the Office of the Registrar; or*
 (2) *Save a copy of the completed form and attach it to an email (sent from your UMC email account) to your advisor and request that your advisor sign the form and bring the form to the Office of the Registrar.*

Student Signature: _____ Date: _____

Academic Advisor Signature: _____ Date: _____