Class Registration Form
Office of Student Records

Registration for ________ Semester 20____

Student Information

Name ___________________________ Home Ph: ___________ Cell Ph: ___________
Address _________________________________________________________________
City/State/Zip __________________________ Email address ______________________
Birthdate __________________________ Anticipated Degree Date _________________
Hometown __________________________ Religious Affiliation (optional) ____________
Ethnic origin (for federal reports, circle one)
   1. African American     2. Native American/Alaskan American
   3. Asian/Pacific Islander 4. Hispanic
   5. White/Non-Hispanic Caucasian 6. Non-Immigrant Alien

Class Schedule

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<tr>
<th>Dept./Course No./Section</th>
<th>Course Title</th>
<th>Credits</th>
<th>Time</th>
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Major/Minor

Students entering their junior year should declare major and minor programs at this time.
Major ___________________ Minor ___________________ Catalog Years ______________

Advisor’s Signature

Your advisor is here to help you. Please talk with your advisor and obtain his/her signature before
submitting this form to the Student Records Office. Please remember that ultimate responsibility in
completing all degree requirements lies with you!

Advisor’s Signature ________________________________

Fee payment arrangements must be complete by the first day of class.

1511 Poly Drive, Billings, MT  59102 – 406-657-1030 / 800-877-6259 / Fax 406-657-1169