

Term _____

Year _____



Pikeville, KY 41501-1194

NAME _____ ID # _____

PERMANENT ADDRESS _____ BOX OR STREET ADDRESS _____ DATE OF BIRTH _____

_____ CITY _____ STATE _____ ZIP CODE _____ E-MAIL ADDRESS _____

PHONE NUMBER AT PERMANENT ADDRESS (_____) _____ MAJOR(S) _____

CELL PHONE OR OTHER NUMBER (_____) _____ ADVISOR _____

DEPT.	NO.	SECTION	COURSE TITLE	HOURS	DAYS	MEETING TIMES	INSTRUCTOR

ADVISOR'S SIGNATURE

STUDENT'S SIGNATURE

OFFICE OF THE REGISTRAR

DATE PROCESSED