

MUC UNIVERSITY

Course Registration



ID #: _____ Full Name: _____ Major: _____

Academic Year: _____/_____ Fall Spring Summer

Class Standing: Sophomore Junior Senior # Of Allowed Credits: _____

Course #	Course Title	Cr	Section	Days	Time

Approved by Advisor: _____

Student Signature: _____

Date: ____/____/____

Add	Drop	Date

Approved by Advisor: _____

Student Signature: _____

Date: ____/____/____