

**COLLEGE OF ARTS & SCIENCE
SUMMER SESSION REGISTRATION FORM**

Name _____ ID# _____

School Arts and Science email address _____

Local Address or Dorm Room _____

Phone Number (cell phones fine) _____

Emergency Contact Phone Number _____

ADD COURSE(S): May not exceed 7 hours (or 3 hours in May) without Dean's permission.

SESSION	SUBJ AREA	COURSE	SECTION	TIME & DAYS	HOURS

DROP COURSE(S):

SESSION	SUBJ AREA	COURSE	SECTION	TIME & DAYS	HOURS

TOTAL HOURS: _____

Student's Signature _____

Date _____

Dean's Signature _____
if necessary

Date _____