

Registration Worksheet

Date: _____

TRADITIONAL PROGRAM

- FALL SEMESTER
- J-TERM
- SPRING SEMESTER
- SUMMER SESSION

Last Name: _____ First Name: _____ Student ID #: _____

MyACU Registration Agreement Complete Prior to Registration

Course Prefix						Course Title	Cr. Hrs.	Day(s)	Time	Signatures

Total Hours:

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Student Signature: _____	Faculty Advisor initial _____
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