

SUNY ESF REGISTRATION FORM

Student ID				Last Name			First Name		
				Program of Study			Term and year		
Class Number	Dept Prefix	Course Number	Section Number	Course Title	Credit Hours	Audit	A=Add D=Drop	Instructor Signature	
							A D		
							A D		
							A D		
							A D		
							A D		
							A D		
							A D		
							A D		
							A D		
							A D		

Total Hours _____

Student Signature

Advisor/Major Professor

Date