

CENTRAL METHODIST UNIVERSITY  
**REGISTRATION FORM**  
(JANUARY, MAY, AND SUMMER COURSES ONLY)

**COMPLETE ONE FORM FOR EACH TERM OF REGISTRATION.**

<b>YEAR</b>	<b>SESSION (circle)</b>	<b>JANUARY</b>	<b>MAY</b>	<b>SUMMER</b>
STUDENT'S NAME (LAST, FIRST, M)				
STUDENT ID	MAJOR	ADVISOR		
CMU E-MAIL	@centralmethodist.edu	PHONE		
PERMANENT STREET ADDRESS				
CITY/STATE	ZIP			

COURSE	SECTION	TITLE	SEM HRS	MEETING DAYS AND TIMES				
				M	T	W	R	F
<b>TOTAL HOURS</b>								

Student's Signature	Date
Advisor's Signature	Date
Business Office Signature (when student has paid registration fee)	Date
Registrar's Signature (when registration is complete)	Date