

COURSE REGISTRATION FORM

Term _____ Year _____

Name _____
 Last First Date RAC # EKU I.D. Number Major

TIME	MONDAY	WEDNESDAY	FRIDAY	TIME	TUESDAY	THURSDAY
8:00				8:00		
9:05				9:30		
10:10				11:00		
11:15				12:30		
12:20				2:00		
1:25				3:30		
2:30						
3:35						
4:40						

EVENING

MONDAY	WEDNESDAY	TIME	TUESDAY	THURSDAY
		6:00		

Course Reference No.	Dept.	Course No.	Course Title	Gen. Ed.	Hours
TOTAL					

Please fill in box with section number if option applies.

	Professional Liability Insurance (College of Health Sciences, Emergency Medical Care Program & Communication Disorders only)
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Notes:

Advisor Signature

Student Signature