

Term \_\_\_\_\_

Year \_\_\_\_\_



Pikeville, KY 41501-1194

NAME \_\_\_\_\_ ID # \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_ BOX OR STREET ADDRESS \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

PHONE NUMBER AT PERMANENT ADDRESS ( \_\_\_\_\_ ) \_\_\_\_\_ MAJOR(S) \_\_\_\_\_

CELL PHONE OR OTHER NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_ ADVISOR \_\_\_\_\_

DEPT.	NO.	SECTION	COURSE TITLE	HOURS	DAYS	MEETING TIMES	INSTRUCTOR

\_\_\_\_\_  
ADVISOR'S SIGNATURE

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
OFFICE OF THE REGISTRAR

\_\_\_\_\_  
DATE PROCESSED