

Registration Form

Program A I G	Cohort n/a	Group n/a	Semester SPRING 2010		
ELIGIBLE COURSES FOR THIS SEMESTER :					
Directions: Place an "x" in this location for classes that you want to register for					
Note: Students placed on FINANCIAL HOLD OR REGISTRATION HOLD due to missing documents in their file will NOT be registered nor will a seat be "held" for them. Please ensure that your account is clear prior to registration.					
X	COURSE	Call No.	COURSE TITLE	INSTRUCTOR	MEETS
	ED592	5107	Social and Emotional Needs of Gifted	Harrison-Burns	Wed., 6-9 pm Meets at Main Campus, Hayes Building
Student ID or SS Number	Last Name		First Name		Middle or Maiden Name
<input type="checkbox"/> New Address?	Street Address:		Apt. #	City:	State: Zip:
Email Address: Please print clearly				@wingate.edu	
Note: You MUST use Wingate Email to receive communications from us. You can forward to personal email.					
Home Phone Number: <input type="checkbox"/> Leave Msg. Here			Cell/Day Phone Number: <input type="checkbox"/> Leave Msg. Here		
<i>My signature indicates that I wish to take the classes checked above. I understand that it is my responsibility to contact the Matthews office and complete the necessary paperwork should I decide to add/drop a class.</i>			ADVISOR: <input type="checkbox"/> Registration meets with my approval <input type="checkbox"/> Please substitute _____ class for _____ <input type="checkbox"/> Other:		
			Does student need to schedule an appointment with advisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Student Signature:			Advisor Signature:		
Today's Date: / /			Date:		
<i>Information below to be completed by Wingate Matthews Staff</i>					
<input type="checkbox"/> Registration completed as per above instructions		Entered by:		Date:	Confirmation Emailed to Student: <input type="checkbox"/> Date: / /
Notes: F/H or R/H					
CHANGES TO REGISTRATION MUST BE NOTED BELOW :					
DROP: DATE	ADD: DATE	Request Made by:		Mode:	APPROVED BY:
REQ. / /	REQ. / /			<input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Email	
DROP: DATE	ADD: DATE	Request Made by:		Mode:	APPROVED BY:
REQ. / /	REQ. / /			<input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Email	