

Registration Form

Program EDLD - Masters	Cohort IV	Group Matthews	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
	EDLD696	5306	INTERNSHIP III Name of School: County:
		INSTRUCTOR	MEETS
		Pierce, Flamer, Fritz	TBD
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:		Cell/Day Phone Number:	
<input type="checkbox"/> Leave Msg. Here		<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:
REQ.	REQ.		<input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Email
/ /	/ /		APPROVED BY:
DROP: DATE	ADD: DATE	Request Made by:	Mode:
REQ.	REQ.		<input type="checkbox"/> Person <input type="checkbox"/> Phone <input type="checkbox"/> Email
/ /	/ /		APPROVED BY: