

University of Missouri – St. Louis Registration Form

STUDENT NUMBER: _____ **TERM/YEAR:** ___FALL ___SPRING ___SUMMER

NAME: _____ **BIRTHDATE** _____
Last First Middle

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBER: _____

ACADEMIC UNIT (CHECK ONE BELOW):

- College of Arts and Sciences College of Education Graduate
 Joint Engineering College of Business Administration Optometry
 College of Fine Arts and Communication Nursing

DEGREE PROGRAM (MAJOR): _____ **MINOR:** _____

LEVEL (CHECK ONE): FRESHMAN SOPHOMORE JUNIOR SENIOR GRADUATE

SUBJECT	CATALOG NUMBER	COURSE TITLE	CREDIT HOURS	AUDIT	CLASS NUMBER

ALTERNATE COURSES

STUDENT'S SIGNATURE: _____ **DATE:** _____

ADVISOR'S SIGNATURE: _____ **DATE:** _____
(MAY BE REQUIRED)

DEAN'S SIGNATURE: _____ **DATE:** _____
(REQUIRED FOR OVERLOAD UNDERGRADUATE OVER 18 HRS REGULAR SEMESTER)