

University of Missouri – St. Louis Registration Form

STUDENT NUMBER: _____ **TERM/YEAR:** ___ FALL ___ SPRING ___ SUMMER

NAME: _____
Last First Middle

SOCIAL SECURITY NUMBER: _____ **BIRTHDATE:** _____

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

PHONE NUMBER: _____

IF PUBLICATION OF NAME AND ADDRESS
IS NOT DESIRED CHECK HERE: _____

ACADEMIC UNIT (CHECK ONE BELOW):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> College of Arts and Sciences | <input type="checkbox"/> College of Education | <input type="checkbox"/> Graduate |
| <input type="checkbox"/> Joint Engineering | <input type="checkbox"/> College of Business Administration | <input type="checkbox"/> Optometry |
| <input type="checkbox"/> College of Fine Arts and Communication | | |

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

LEVEL (CHECK ONE): ___ FRESHMAN ___ SOPHOMORE ___ JUNIOR ___ SENIOR ___ GRADUATE

DEPT	CATALOG NUMBER	COURSE TITLE	CREDIT HOURS	AUDIT	CLASS NUMBER

ALTERNATE COURSES

DEPT	CATALOG NUMBER	COURSE TITLE	CREDIT HOURS	AUDIT	CLASS NUMBER

STUDENT'S SIGNATURE: _____ DATE: _____

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

DEAN'S SIGNATURE: _____ DATE: _____
(REQUIRED FOR OVERLOAD UNDERGRADUATE OVER 17 HRS REGULAR SEMESTER)