

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):

- | | | |
|---|---|------------------------------------|
| <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"/> Non-Degree Seeking | <input type="checkbox"/> 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)