



Student Information: Please Print

First Name: _____ **Last Name:** _____ **ID#0000** _____

Program _____

I am requesting registration for:

Year _____ **Term** _____ **Session** _____

- Please check one:**
- CLEP**
 - TECEP**
 - DANTES**

CBE600 **Credits** _____ **CSE Course Equivalency** _____

*****Please refer to current college catalog for applicable rates/fees*****

Approvals: (All signatures MUST be obtained before form will be processed by Registrar's Office)

Student Signature/Date: _____

Advisor Signature/Date: _____

Program Chair Signature/Date: _____

Area Chair Signature/Date: _____

Registrar's Office: Input _____ **Date:** _____