MONTANA STATE UNIVERSITY NORTHERN

CLASS REGISTRATION

(use standard blue or black pen)

Term of Registration: ☐ Fall ☐ Spring ☐ Summer Year: 20_____

Name Last: First: Middle Initial: ID:

Please update the following information:

Mailing Address (while at school):	Permanent Address:
Address:	Address:
City:	City:
State: Zip: Phone:	State: Zip: Phone:
Social Security Number (Optional):	Gender: ☐ Male ☐ Female
Ethnic Code: ☐ Caucasian ☐ Hispanic ☐ Black ☐ Asian ☐ American Indian/Alaska Native ☐ Other ☐ Decline to respond	
Preferred Email Address:	

CRN	SUBJ	NUM	SEC	Course Name	Crs	Time	Days	Instructor	Room	Rpt/ Aud
				Total Credits	0					

Student Signature:_____ **Advisor Signature:** _____

Education Dean Signature (All ED majors): _____

Registrar verification: _____ **Date:** _____

Revised: 03/07/2016