CAMPUS REGISTRATION FORM
Mechanical Engineering

SEM/YR:			**ADVISOR:**
Name			Stud ID
Address			Date
City	ST	Zip	
EMAIL Address			

Course ID				Dept	Course	Section	Lab	Credit Hrs	Audit	Mon	Tues	Wed	Thurs	Fri

Optional Courses

Course ID				Dept	Course	Section	Lab	Credit Hrs	Audit	Mon	Tues	Wed	Thurs	Fri
TOTAL CREDIT HOURS-->										<---TOTAL AUDIT HOURS				

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Advisors Approval Date Dean's Approval for Credit Hours Overload