

Southampton College of Long Island University

REGISTRATION FORM

FALL ___ WINTER ___ SPRING ___ SUM 06 ___ SUM 07 ___ SUM 16 ___

DATE: _____

SS#: _____

LAST NAME: _____ FIRST NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CAMPUS ADDRESS _____ PHONE #: _____

LINE #	DISCIPLINE	COURSE #	SECTION	CREDIT HRS	AUDIT	P/F OPT	CONFLICT
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

ALTERNATE COURSES (ADVISOR USE ONLY)

ENTER LINE # OF COURSE ABOVE WHICH THE ALTERNATE REFERS TO.

LINE #	DISCIPLINE	COURSE #	SECTION	CREDIT HRS	AUDIT	P/F OPT

REQUIRED SIGNATURES:

ADVISOR: _____ DATE: _____

STUDENT: _____ DATE: _____

COMMENTS (IF ANY): _____

