TRIAL ENBOLLMENT SHEET

PERSONAL INFORMATION						
Last Name:		: Name:		Middle	e Initial	
New Student: Returning Student:			Non-degree: (Class Audit:		
Date:		Fall: 🔘	J-Term: 🔘	Spring:	Summ	er: 🔘
Work Shear						
Pre-requisite Course Number Section Coverride Number Section Course Number Section Cours	tion	Course De			emester Hours	Repeats
			iotal Se	emester Hours:		

Student Signature:

Advisor Signature: