

CAPITAL UNIVERSITY MBA PROGRAMS COURSE REGISTRATION

Name _____	Term _____ 20____
Email address _____ (required)	
ID Number _____	Daytime Phone _____

General Information/Instructions:

A. Complete all information in black ink.

B. If registration is not submitted by published due date, course election will not be guaranteed.

C. Registration is by section number, not course number.

D. We will process your form as submitted. Please check for day/time conflicts.

Section	Course Number	Instructor	Credit Hours	Time	Day						
					M	T	W	Th	F	Sa	

Total Credits _____

Alternate Choices

Student Signature _____

Date: _____

Dean Approval _____

Date: _____

Student Status (circle one): *New* *Continuing* *Transient* *Readmit*