



ALTERNATE COURSES REGISTRATION FORM

Fall Spring Summer 200_____

Legal Name _____ **I.D. No.** _____ - _____ - _____
(Last, First, Middle)

Below line, advisor use only

Alternate Courses

Reference Line #	Code	Dept	Course #	Section	Credits	Special Notes

Dean/Advisor's Signature

Date

Comments, Corrections and Approvals
