



REGISTRATION FORM: Must be submitted in person

Fall

Student ID: _____ Term: _____
Term Year

Name: _____ Birth date: _____
Last First Middle

☐ Check here for change of address; complete address/telephone information only if new information

Mailing Address: _____
Street City State Zip

Billing Address: _____
Street City State Zip

Day Telephone: _____ Evening Telephone: _____

☐ Check here to request the Mazama Gym Pass (\$16/quarter).

Note: If you are taking an HHP activity class, you do not need to request this pass; it is included as part of your class fees.

ADD:

Course Number	CRN (Course Ref Number)	Course Title	Cr	Instructor Signature (expires two days from date signed)	Date Signed
MUS 197	40178	Cascade Chorale	1		

AUDIT: AUDITED CLASSES ARE NOT ELIGIBLE FOR FINANCIAL AID.

Course Number	CRN (Course Ref Number)	Course Title	Cr	Instructor Signature (expires two days from date signed)	Date Signed
MUS 197	40178	Cascade Chorale	1		

DROP: If you do not drop by the appropriate dates, you may be charged tuition and late fees and issued a grade.

Course Number	CRN (Course Ref Number)	Course Title	Cr	Instructor Signature (only required after 7 th week)	Date Signed

Student Signature, attesting that all information above is true

Advisor Signature (Required only at first registration or
if student has an advising hold)