SUNY ESF REGISTRATION FORM

Student ID				Last Name			First Name	
				Program of Study			Term and year	
Class Number	**Dept Prefix**	**Course Number**	**Section Number**	**Course Title**	**Credit Hours**	**Audit**	**A=Add D=Drop**	**Instructor Signature**
						☐	Drop	
						☐	Drop	
						☐	Drop	
						☐	Drop	
						☐	Drop	
						☐	Drop	
						☐	Drop	
						☐	Drop	
						☐	Drop	
						☐	Drop	

Total Hours _____

Student Signature

Advisor/Major Professor

Date