

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 | |
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Total Hours _____

Student Signature

Advisor/Major Professor

Date