NORTH GREENVILLE UNIVERSITY PRE-REGISTRATION FORM

Student Number _____ Name (Last) _____ (First) _____ (M.I.) _____

Mailing Address _____ City _____ State _____ Zip _____

Date _____ Degree _____ Major _____ Advisor _____

TERM		
	FL	
	SP	
	S1	
	S2	

TYPE		
	New Freshman	
	New Transfer	
	Re-Admit	
	Continuing	
	Transient	

DEPT	CRSE	SECT	DESCRIPTION	RPT	AUD	HRS	TIME	M	T	W	TH	F	BLDG	ROOM	INSTRUCTOR

_____ Total Hours

Advisor's Signature _____

Do you plan to graduate this semester? _____