



CLASS REQUEST CARD

Quarter	Year
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Student ID Number	Last Name	First Name	Middle Name	Date
Home Address		City	State	Zipcode
		Home Area Code/Telephone Number		
School and Degree Program	Concentration	Alternative Area Code/Telephone Number	<input type="checkbox"/> Cell <input type="checkbox"/> Work	Birthdate
Anticipated Graduation Date (Quarter/Year)	Advisor	E-Mail Address		<input type="checkbox"/> Home <input type="checkbox"/> Work

*Grade Mode: Check one

5-DIGIT CRN	S M C	CATALOG NUMBER	COURSE TITLE	UNITS	GRADE *	PASS/ FAIL *	AUDIT *	INSTRUCTOR

The registration information listed above accurately represents my request in every detail. I understand and accept the terms of this registration

Psychology Advisor Signature	SOT/SIS Advisor Signature	Student Signature	Audit Charge/Reason
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