

**REGISTRATION FORM**

Academic Year: \_\_\_\_\_

Check if new address/phone below      Date of birth (MM/DD/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_       Female       Male

Name (print): \_\_\_\_\_      SSN# : \_\_\_\_\_  
                                 First                                  Mid                                  Last

Current Address:  
 \_\_\_\_\_  
                                 Street    City    State    Zip

Mailing Address:  
 \_\_\_\_\_  
                                 Street    City    State    Zip

Phone: (home) \_\_\_\_\_      Phone: (cell) \_\_\_\_\_      Email: \_\_\_\_\_

Check appropriate box :

Computer Information Sciences       Area of Concentration in Health Informatics (HI)  
 Area of Concentration in Computer Networks (CN)       Area of Concentration in Management Information Systems (MIS)  
 Area of Concentration in Information Security (IS)       Area of Concentration in Software Engineering (SE)  
 Area of Concentration in Knowledge Management (KM)

ex:	Subject	Course#	Title	Credits	Faculty
EX:	CIS	310	Introduction to Programming	3	Dr. Steve Chao
1					
2					
3					
4					
5					

Student Signature: _____      Date: _____  Advisor Signature: _____      Date: _____	<p><u>Administrative Office use only:</u></p> Date Received: Date Processed: Initials:
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