

**PRELIMINARY REGISTRATION**

FULL NAME \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT ID \_\_\_\_\_ MAJOR \_\_\_\_\_

SALEM EMAIL \_\_\_\_\_

DEGREE: BA BM BS BSBA TEACHER CERT \_\_\_\_\_ GRAD MO/YR \_\_\_\_\_

DEPT	NO	SECTION	SEM HRS	MON	TUES	WED	THURS	FRI

TOTAL HOURS \_\_\_\_\_ ADVISER'S SIGNATURE \_\_\_\_\_