

Department of Computer Science & Engineering Request for Registration

Please indicate if you intend to register on-line or in person at the Registrar's Office

ON-LINE IN PERSON

TERM _____ YEAR _____

NAME: _____ MAJOR: _____

UID _____ PHONE: _____

COMMENTS

(Optional): _____

Complete the following for each CS and/or CEG course that you wish to take.

INCOMPLETE FORMS WILL TAKE LONGER TO PROCESS

Requested Course and two digit section number Plus CRN (Include Lab info & CRN if necessary)	Prerequisite Course/s for Requested Course	Quarter and Year that Prerequisite Course/s Were Completed

The Processing of your Registration forms will take 24-48 hours.

Approved: _____ DATE ENTERED: _____

DATE: _____ PICK-UP: _____