

Semester: Fall Spring Summer 1 Summer 2 Full Summer Year _____

Course number: _____ Credit (semester hours): _____

Instructor's name (please print): _____

Instructor's NUID: _____ Office address: _____

Student Name(s)	NUID(s)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____
12. _____	_____

Instructor's signature: _____ Date: _____

or

Dept. personnel signature: _____ Date: _____

For Office Use Only
CRN _____
Sec # _____

Copies to: Registrar's Office Department