

KEWEENAW BAY OJIBWA COMMUNITY COLLEGE COURSE REGISTRATION

Fall Semester
 Spring Semester
 Summer Semester
 20____

Name: _____ ID#: _____ DOB: _____ Phone: _____

Address: _____ E-mail: _____

Status:
 Degree Seeking
 Certificate Seeking
 Advanced Secondary
 Guest
 Audit
 Non-Degree Seeking

Major:
 AS
 BS
 BS/OS
 ECE
 ES
 LS
 LS/AR
 LS/CJ

Course #	Course Name	Credits	Audit
TOTAL CREDITS			

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

