

UST School of Engineering
**Graduate Programs in
 Engineering and Technology
 Management**

**Class Registration
 Request Form**

Name: _____ Term: _____

UST ID: _____ Phone: _____

Email: _____

INSTRUCTIONS: In the space immediately below, print all information for the course(s) you are requesting.

DEPT	COURSE NUMBER	SEC	CRN	COURSE TITLE	DAY(S)
ETLS	501	01	41111	EXAMPLE	TUES

THE AREA BELOW IS TO BE USED FOR ALTERNATIVE SELECTIONS IN THE EVENT OF CLOSED SECTIONS OR CONFLICTS				DEPT	COURSE #	SEC
				As An Alternative For:		
				As An Alternative For:		

I UNDERSTAND THAT I AM RESPONSIBLE FOR:

1. Meeting all academic and financial deadlines; and
2. Surrendering this copy to the Engineering Student Services Office. This form becomes effective only when surrendered and signed.

STUDENT SIGNATURE	DATE

PLEASE NOTE: We reserved the right to make any changes in the published schedule. You will be notified of those changes affecting your registration.

**Student Services: 651/962-5756
 FAX Number: 651/962-6419**

SECTION BELOW IS FOR OFFICE USE ONLY

INITIALS	ENTRY DATE