

# Morris College

## PRE-REGISTRATION FORM (Worksheet)

Name \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_

Housing \_\_\_\_\_ Day \_\_\_\_\_ Boarding \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

### FALL/SPRING SCHEDULE

Dept	No.	Sec	Course	Cr	M	T	W	R	F	Instructor	Room

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Academic Dean

\_\_\_\_\_  
Registrar