

CLARK ATLANTA UNIVERSITY

WEB REGISTRATION FORM

SEMESTER: _____ YEAR: _____ SOCIAL SECURITY NO.: _____-_____-_____

NAME: _____
LAST
FIRST
MIDDLE

CRN	SUBJECT	COURSE	SECT.	COURSE TITLE	DAY(S)	TIME	CREDIT HRS.

TOTAL CREDIT HOURS: _____

STUDENT'S SIGNATURE: _____ **ADVISOR'S SIGNATURE:** _____

Copy Distribution: Original (Department) 2nd Copy (Student)