CLARK ATLANTA UNIVERSITY

WEB REGISTRATION FORM

Registration PIN:_____

SEMESTER: _____ **YEAR:_____**

NAME:_____ **ID# 900_____**

         LAST   **FIRST**   **MIDDLE**

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

_____   _____

        Student's Signature   **Advisor's Signature**