

# HIS University

Name \_\_\_\_\_ Program \_\_\_\_\_  
Family First Middle

Present Address \_\_\_\_\_

Permanent Address \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Term \_\_\_\_\_ Year \_\_\_\_\_

COURSE NUMBER	COURSE TITLE	CREDIT HOURS	DAYS	TIME	LOCATION	TEACHER

Approved:

Business Manager \_\_\_\_\_

Registrar \_\_\_\_\_

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

Date \_\_\_\_\_