



# MONTREAT COLLEGE

**Christ-Centered · Student-Focused · Service-Driven**

## Registration

Fall    Spring    Summer 20\_\_\_\_\_

**Student Name** \_\_\_\_\_

**Advisor Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

Course Number	Section Number	Course Title	Credit Hours	Prof. Name	Day/Time

Total Hours Enrolled

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

**Date** \_\_\_\_\_

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

**Date** \_\_\_\_\_

Registered by: \_\_\_\_\_ DATE: \_\_\_\_\_