State University of New York

Registration Form for Matriculated Students

Name: _____

Last First Middle Initial

Student ID#C_____

Course Information				Days the Course Meets						Course Time	
Initials	Number	Section	Sem. Hours	Mon	Tue	Wed	Thur	Fri	Sat	Begin	End
Ex: ENG	101	01C	3	X		X		X		8:00	8:50