



University College of the North

REGISTRATION FORM

TERM: Summer (10) _____ (Year) Fall (20) _____ (Year)
 Winter (30) _____ (Year) Spring (40) _____ (Year)

PERSONAL INFORMATION				CONTACT INFORMATION	
SURNAME:				UCN Student ID #:	
GIVEN NAME:				PRIMARY PHONE #:	
MIDDLE NAME:				ALTERNATE PHONE #:	
PREVIOUS NAME:				EMAIL ADDRESS:	
DATE OF BIRTH:	MO	DAY	YR	HOME UNIVERSITY:	

COURSE ADD					
DEPT CODE (ex. BIO)	COURSE NO. (ex. 1005)	SECTION (ex TH 21)	COURSE TITLE (ex. Introduction to Biology)	TERM	CREDIT HOURS

COURSE DROP					
DEPT CODE (ex. BIO)	COURSE NO. (ex. 1005)	SECTION (ex TH 21)	COURSE TITLE (ex. Introduction to Biology)	TERM (ex. T20)	CREDIT HOURS

Are you a Sponsored Student YES NO If yes, who is your Sponsor: _____

(NOTE: if we do not receive an ATI from your sponsor prior to the Fee Payment deadline date you will be dropped from ALL courses)

To email, please save form and send from your student email address

EMAIL Thompson	EMAIL The Pas
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