GUILFORD
COLLEGE

Guilford College Registration Form Spring 2019 Semester

Banner ID#: _____

_____
Last Name First Name Middle Name

Mailbox: _____ Campus Phone: _____

Permanent Address: _____
Street line 1

_____
Street line 2

_____
City, State, Zip code

Class: ____ Major 1: _____ Major 2: _____ Minor: _____

Anticipated Graduation Date: _____

COURSE SELECTION

Code	Dept #	Cr	Room	Days	Time	Instructor	Notes

SIGNING THIS FORM ENROLLS YOU IN CLASSES. CHARGES START THE FIRST DAY OF CLASS -WHETHER OR NOT YOU ATTEND, UNLESS YOU CONTACT THE OFFICE OF ACADEMIC AND STUDENT AFFAIRS TO WITHDRAW <u>BEFORE CLASSES START.</u>

_____
Signature of Student and Date

_____
Signature of Advisor1 and Date

_____
Signature of Advisor 2 and Date