

# KEWEENAW BAY OJIBWA COMMUNITY COLLEGE COURSE REGISTRATION

Fall Semester     
  Spring Semester     
  Summer Semester     
 20\_\_\_\_

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Status:**  
  Degree Seeking  
  Certificate Seeking  
  Advanced Secondary  
  Guest  
  Audit  
  Non-Degree Seeking

**Major:**  
  AS  
  BS  
  BS/OS  
  ECE  
  ES  
  LS  
  LS/AR  
  LS/CJ

Course #	Course Name	Credits	Audit
<b>TOTAL CREDITS</b>			

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

