

KEWEENAW BAY OJIBWA COMMUNITY COLLEGE COURSE REGISTRATION

Fall Semester
 Spring Semester
 Summer Semester
 20____

Name: _____ ID#: _____ DOB: _____ Phone: _____

Address: _____ Email: _____

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

Program: AS
 BS
 ECE
 ES
 ES/SE
 LS
 LS/AE
 LS/CJ
 LS/HL
 LS/SS

Certificate: AS/TM
 BS/BA
 BS/CA
 BS/OS
 BS/SBS
 ECE/CD
 ES/ES
 ES/ESS
 LB/COR

Course #	Course Name	Credits	Audit
TOTAL CREDITS			

Student Signature: _____

Date: _____

Advisor Signature: _____

Date: _____