

KEWEENAW BAY OJIBWA COMMUNITY COLLEGE COURSE REGISTRATION

☐ Fall Semester ☐ Spring Semester ☐ Summer Semester 20_____

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

Address: _____ E-mail: _____

Course #	Course Name	Credits	Audit
TOTAL CREDITS			

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____