NEW MEXICO TECH - Registration Form

_____ _____ **ID#**_____ _____**Semester 20__**

Name (Last) **(First)**

CRN -Course Ref. Num	Dept.	Course Number	Section	Credit Hours	Repeat Audit	Course Titles	Days	Time

Total Hours: _____ **ALL International Students must check in at the International Office before registering.**

Advisor: _____ **Graduate Office:** _____

Business Office: _____ **Student:** _____

Signatures are required to complete registration.

Registrar's Office