

Date _____

Effective Term _____

Hollins University Undergraduate Student Registration Form

Last Name _____ First _____ MI _____

Student ID _____ Class Year _____ Horizon Student? Yes

Phone _____ Hollins E-mail _____

CRN	SUBJ	NUMBER	SECTION	CREDIT HOURS	FACULTY SIGNATURE IF COURSE IS CLOSED OR TO WAIVE PREREQUISITE

ALTERNATE COURSE SELECTIONS:

Student's Signature

Advisor's Signature or PIN
(4-digit PIN from your advisor)