



Course Registration Form

Wilson University

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Terms: ___ Fall Semester ___ Spring Semester Year: _____ ___ Undergraduate ___ Graduate ___ Non-Degree

Name: _____ Student ID# _____ Date: _____

Course #	Section	Course Title	Professor	Units	Session

Alternates if a course above is full:

Students Signature _____ Date _____

Advisor Approval: _____ Date: _____

(Undergraduate Only) More than 17 units require the approval of Student Accounts and the Lead Professor. Total Units: _____

Student Accounts Signature _____ Date _____

Lead Professor Signature _____ Date _____