REGISTRATION FORM: OCCASIONAL STUDENTS IN PSYCHOLOGY
(Regular Session 20___ – 20___ / Summer Session 20___ – 20___)

Name (print): _____ Student Number: _____

Email: _____ Area: _____

Street Address: _____

City: _____ Postal Code: _____
Home Phone: _____ Business Phone: _____

Full-Time: _____ Part-Time: _____

***Note**: Occasional students are automatically registered as part-time students on Aurora Student Service*

REGISTRATION INFORMATION

Course No.	Aurora Registration CRN #	Course Title	Lecture Section	Term F / W / S	Credit Hours	Course Class.

SIGNATURES:

Student: _____ Date: _____

Graduate Program Coordinator or designate: _____ Date: _____