

## Manual Registration Form

Student ID Number:	Email Address:	
Last Name:	First Name:	
Current Mailing Address:		
<b>Check Primary Academic Program and Trimester Below</b>		
<input type="checkbox"/> BS Biomedical Sciences <input type="checkbox"/> Massage Therapy Certificate <input type="checkbox"/> Chiropractic Medicine	<input type="checkbox"/> Naturopathic Medicine <input type="checkbox"/> Acupuncture <input type="checkbox"/> Oriental Medicine	<input type="checkbox"/> Chiropractic Assistant <input type="checkbox"/> MS DI/ACP/Residency Progs <input type="checkbox"/> Pre-requisite Courses
<input type="checkbox"/> Summer _____	<input type="checkbox"/> Fall _____	<input type="checkbox"/> Spring _____

ADD COURSE SECTION							
	Subject	Course Number	Section	Crdt/Clk Hrs	X if Audit	Day(s)	Time
1					<input type="checkbox"/>		
2					<input type="checkbox"/>		
3					<input type="checkbox"/>		
4					<input type="checkbox"/>		
5					<input type="checkbox"/>		
6					<input type="checkbox"/>		
7					<input type="checkbox"/>		
8					<input type="checkbox"/>		
9					<input type="checkbox"/>		
10					<input type="checkbox"/>		
Total Registered Hours:							

**Intent to register:** The undersigned understands that the University fees and charges are due before confirmation of registration each semester, and agrees to pay or make arrangements for payment suitable to the University of all fees and charges during applicant's entire attendance at the University.



Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dept. Chair/Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_