

## SINTE GLESKA UNIVERSITY REGISTRATION CARD

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ SSN# \_\_\_\_\_ DOB \_\_\_\_\_

Major \_\_\_\_\_

Please check if any changes  Address Change  Major Change  Name Change

(Please circle one) Male/Female      New/Returning      Fr/Soph/Jr/Sr/Graduate      HS/GED/Transfer/HS Waiver  
Indian/Non-Indian      Using VA

<b>For Office Use Only</b>
F____S____SS____20____
ID No. _____
Fin. Aid _____
Billing _____
Late Registration _____
_____ Advisor Signature

Course No.	Section	Credits	Course Title	Instructor

**18 credit hours and over must be pre-approved by the Academic Dean and Department Chairperson**