

Guilford College Registration Form Fall 2019 Semester

Banner ID#: _____

 Last Name First Name Middle Name

Mailbox: _____ Campus Phone: _____

Permanent Address: _____

Street line 1

 Street line 2

 City, State, Zip code

Class: _____ Major 1: _____ Major 2: _____ Minor: _____

Anticipated Graduation Date: _____

COURSE SELECTION

Code	Dept #	Cr	Room	Days	Time	Instructor	Notes

SIGNING THIS FORM ENROLLS YOU IN CLASSES. CHARGES START THE FIRST DAY OF CLASS -WHETHER OR NOT YOU ATTEND, UNLESS YOU CONTACT THE OFFICE OF ACADEMIC AND STUDENT AFFAIRS TO WITHDRAW BEFORE CLASSES START.

Signature of Student and Date