

Office of the Registrar

Office: 888-800-9170 Email: info@reignuniversity.org

REGISTRATION FORM

The student is responsible for meeting all the completion requirements for the program. Additional fees may be applied to your account and anyone who registers, in any acceptable manner, and fails to attend classes is still subject to full tuition & fee charges. Students must officially drop or withdraw from class in order to be reimbursed according to published refund schedule in the Student and Faculty Handbook. Please fill out this form in its entirety, signed and dated.

Student ID #				Phone #					
Last Na	me	Fir	st Name		Middle Init.				
Email A	ddress								
Days:	Mon – M	Tues – T	Wed - W	Thurs - Th	Fri — F	Sat - S			
Preferred Location:		Online	Clas	sroom B					

REASON FOR ATTENDING							
6 wk courses only							
Semester (3 courses)							
Certificate							
Graduate Diploma/Degree							
ACADEMIC PROGRAM							
SEMESTER YEAR							
Spring A	20						
Spring B	20						
Summer	20						
Fall	20						

Class Time: I - 6:00 - 7:30 pm II - 6:30 - 8:00 pm III - 7:00 - 8:30 pm

6-Digit Class Number	Course Title		Μ	Т	W	Th	Sat1	Meeting Times	Campus	Credits
HLP103	Armor Bearer / Adjutant	Example		Х				6:00P – 7:30P	NBC VB	2

Student Signature

Date

Advisor's Approval

Date

Instructor Signature

Date