Student *ID* *SSN*

Term

Rockhurst Pre-Registration Card

Advisor

Current Local Address	*If incorrect, indicate correction below*	*Office use only*
Telephone		*Level* *College* *Degree* *Major*
Current Permanent Address	*If incorrect, indicate correction below*	
Telephone		

Student *ID* *Term*

*Course Selections**

CRN	*Dept .*	*Number*	*Section*	*Time*	*Circle Days*	*Course Title*	*Instructors*	*Cr.*
					D M T W R F S			
					D M T W R F S			
					D M T W R F S			
					D M T W R F S			
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					D M T W R F S			
					D M T W R F S			

**List alternate courses last mark with an X*
***Course selections are continegent on pre-requisites and availability*

Adviser's Signature (required) *Dean's Aprroval (when required)* *Student's Signature (required)*

Date Signature of Adviser **Date Signature of Dean** **Date Signature of Student**