



**WEB REGISTRATION TIMES:**

**START:**

**END:**

**NAME:**

**STUDENT ID:**

**CURRICULUM:**

**CATALOG TERM:**

**MINOR:**

**ALTERNATIVE PIN:**

**ADVISOR:**

**---- COURSE SELECTION REQUEST FORM ----**

**COURSES REQUESTED FOR:**

**TERM:**

CRN	SUBJ/CRSE NO.	SEC.	COURSE NAME

**I have met with my advisor/department representative and understand that these courses have been approved for the semester indicated. Should I fail to successfully complete any courses in progress, it is my responsibility to make appropriate changes to my schedule. If there is any change in my course schedule, this may affect my ability to meet graduation requirements.**

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF ADVISOR/DEPT. REP

\_\_\_\_\_  
DATE

**YOU WILL NOT BE OFFICIALLY REGISTERED UNTIL YOU HAVE PROCESSED/PAID YOUR BILL. IF THIS PROCEDURE IS NOT FOLLOWED, YOUR COURSES WILL BE DROPPED AT 4:00PM ON**

Registration instructions are available at [my.AlfredState.edu/registration](http://my.AlfredState.edu/registration).