



SAGINAW CHIPPEWA TRIBAL COLLEGE
Course Registration Form

Semester: _____
Year: _____

Student's Name: _____ Social Security No: _____

If name has changed, enter former name here: _____

If address has changed, enter new address here:

Street address: _____

City / State / Zip: _____ Phone: _____

Check one: Declared degree Non-degree

Check one: New Student Continuing Student

Course Number	Section	Course Name	Day / Times	Credits	Instructor's Name (if Instructor's Permission is Required)

Student's Signature: _____ Date: _____

Office Use:

Copies: 1) student 2) registrar 3) file