



**Mount Ida College
Registration Form**

Last Name: _____

First Name: _____

ID#: _____

Semester: Fall Spring Summer **Year:** _____

Course Number/Section:	Alternate Sections:	Course Title:	<i>For use by the Office of the Registrar:</i>		
			Yes	No	Registration Comments:

Course Number/Section:	Alternate Sections:	Course Title:	Yes	No	Registration Comments:

Student's signature: _____ Date: _____

Advisor's signature: _____ Date: _____

Reg'd by: _____

Date: _____