

Little Priest Tribal College
Registration Form

Semester: _____

Date: _____

Social Security Number:

Student Name:

Mailing Address:

Telephone:

Degree-Seeking _____ or Non-Degree Seeking _____ Major:

Intended Semester of Graduation:

Schedule of Classes

Dept	Course No.	Section	Course Title	Instructor	Time	Day	Credits

Total Credit Hours: _____

I hereby certify that the above information is correct: _____
Student Signature

Advisor's Signature: _____