

SAMPLE:

AUTHORIZATION FOR DUAL REGISTRATION

PRINT NAME Doe John A FIRST A MIDDLE _____ QUARTER Fall 2007
 LAST John SCHOOL 02 SEED CLASS CLASS-GRAD LOCAL ADDRESS 123 Main St, Evanston, IL 60202 PHONE 847-123-4567
 DEPARTMENT COMM_ST CLASS NO. 12345 COURSE NO. 101-CN LEC. SEC. 64 QUIZ SEC. _____ LAB. SEC. _____ UNITS 1
 ADD _____ I.D. NUMBER / EMPL. I.D. 2112111
 ADD _____ APPROVAL SIGNATURE _____
 DROPP _____ 1/1/2007
 DROPP _____ DATE _____
 DROPP _____

← 7-digit number on your WildCARD

THIS FORM CONSTITUTES REGISTRATION BY CHICAGO CAMPUS STUDENTS AND GARRETT SPECIAL STUDENTS TAKING COURSES ON THE EVANSTON CAMPUS.

*** Fill in ALL FIELDS that are filled in the sample form.**

AUTHORIZATION FOR DUAL REGISTRATION

PRINT NAME _____ LAST _____ FIRST _____ LOCAL ADDRESS _____ MIDDLE _____ QUARTER _____ 20____
 SCHOOL _____ CLASS _____ PHONE _____
 DEPARTMENT _____ CLASS NO. _____ COURSE NO. _____ LEC. SEC. _____ QUIZ SEC. _____ LAB. SEC. _____ UNITS _____
 ADD _____ I.D. NUMBER / EMPL. I.D. _____
 ADD _____ APPROVAL SIGNATURE _____
 DROPP _____ DATE _____
 DROPP _____

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