Term _____

Year _____

UNIVERSITY OF PIKEVILLE

Pikeville, KY 41501-1194

NAME _____ ID # _____

PERMANENT ADDRESS _____
BOX OR STREET ADDRESS

DATE OF BIRTH _____

_____
CITY STATE ZIP CODE

E-MAIL ADDRESS _____

PHONE NUMBER AT
PERMANENT ADDRESS (_____) _____ MAJOR(S) _____

CELL PHONE
OR OTHER NUMBER (_____) _____ ADVISOR _____

STUDENT CLASS SCHEDULE

DEPT.	NO.	SECTION	COURSE TITLE	HOURS	DAYS	MEETING TIMES	INSTRUCTOR
			TOTAL HOURS				

ADVISOR'S SIGNATURE

STUDENT'S SIGNATURE

OFFICE OF THE REGISTRAR

DATE PROCESSED

Revised 06/11