

College Course Registration Form

Personal Information

Full Name *

Student ID *

Date of Birth

Email *

Phone Number

Mailing Address

Course Selection

Select the courses you wish to register for:

Select	Course Code	Course Title	Credits	Instructor
<input type="checkbox"/>	CS101	Introduction to Computer Science	3	Dr. Jane Smith
<input type="checkbox"/>	ENG201	English Literature II	2	Prof. Alan Wright
<input type="checkbox"/>	MATH202	Calculus II	4	Dr. Linda Moore
<input type="checkbox"/>	BIO150	Introductory Biology	3	Dr. Samir Patel

Payment Options

Select Payment Method *

--Please choose an option--

Payment Details / Transaction ID

Additional Information

Special Requirements or Comments

I certify that the above information is accurate and complete to the best of my knowledge.

Submit Registration

Reset