Siena Heights University at Lansing
Registration Form

Name_____ID#_____ E-mail _____
Home Address_____City _____State_____Zip_____
Home Phone (_____) _____ _____Cell Phone (____)_____
Work Phone (_____)_____ext._____

Session	Course Number	Course Title	Location

G.M. students and Financial Aid recipients: Attach G.M. TAP form or proof of financial award.
Students are responsible for knowing and meeting all prerequisites and degree requirements.
Please be sure to sign below. No registration can be accepted without a signature.

_____ _____
Signature Date