

NEW MEXICO TECH - Registration Form

Name _____ ID# _____ Semester _____ 20__
(Last) (First)

Email Address _____ Total Hours _____

CRN -Course Ref. Num	Subject	Course Number	Section	Credit Hours	Course Titles	Days	Time

Signatures and/or APIN required to complete registration.

Advisor or APIN _____

Graduate Office _____
(Graduate Students only)

Student _____

International Office _____
(International Students only)
 REVISED 04/2012