Registration Form - Submit to Luther Hall 216 or regoffice@wartburg.edu

Name:	**Legal/Home/Permanent:**
Id Num:	
Classification: 1Y☐ 2Y☐ 3Y☐ 4Y☐	
Advising Pref/Major:	**Cell Phone:**
Advisor(s):	**Email:**

FALL TERM _____

DEPT	***CRS-SECTION***	***TITLE OF COURSE***	***CR***	***HR***	***DAY***

WINTER/MAY _____

DEPT	***CRS-SECTION***	***TITLE OF COURSE***	***CR***	***HR***	***DAY***
MAY					

DATE _____ **ADVISOR SIGNATURE** _____