



Office of the Registrar

**PHILANDER SMITH COLLEGE
REGISTRATION CARD**

Last Name:		First Name:			M.I.		I.D. #		
Address:	Dorm Room #						Telephone		
	Street Address Number & Street		(Apt #)		Telephone				
	City	County	State	Zip	Work Telephone				
Name of Parent(s) or Guardian						Home Telephone			
Semester:		Fall	Spring	Summer I	Summer II	Year:			
Course ID	Sec	Title	Credits	Days	Starts	Ends	Room	Instructor	
Major:			Total Credits:						
Student Signature:					Date:				
Advisor Signature:					Date:				
Vice President for Academic Affairs Signature: (if applicable)					Date:		FOR OFFICE USE ONLY		
					Registrar Signature/Initials:				