



Course Registration Form

(Trial Study Form)

College of the Muscogee Nation



Student Name _____ Fall _____

Student CWID # _____ Spring _____

Student Contact # _____ Summer _____

Student email _____

Program of Study CMNA _____ CMNN _____ CMNP _____ CMNS _____ GAM _____

Course Prefix	Course Number	Section Number	Credit Hours	Course Name	Day(s)	Times	Beg. Date	End Date

Alternative Course registered for a course above that is full or ineligible to register, provided no time conflict results.

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Student Signature

Date

Advisor Signature

Date

Registration/Records Signature

Date