COMPLETE THE FOLLOWING INFORMATION (PLEASE PRINT):
Please note, incomplete and illegible forms will not be processed.

Semester: FALL _______ SPRING _______ YEAR: ________
Name: __________________________________________ MICA ID#: __________________
Phone: ______________ Date of Birth: ______________ E-Mail ____________________________
Address: ________________________________________________________________
City/State/ZIP: ____________________________________________________________
Level (circle one): Freshman Sophomore Junior Senior Post-Bac. Graduate

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SIGNATURES:

Student Signature **Required** Registrar Signature **Required**

Instructor of Course Signature*

*Required if permission is needed to waive pre-requisites or general restrictions.