



Washington Baptist University

Registration Form (Audit)

2010 Spring

Name (한글): _____ (English): _____ , _____ (M / F)
(Last: 성) (First: 이름)

DOB (생년월일): (mm/dd/yy) / /19

Address : _____
(Street) (City) (State) (Zip)

Phone: (H) _____ (C) _____ Returning (), New (), Transfer ():

Status: F1 (), Green Card (), Citizen (), Other ()

Audit

VA/CT/MD	Subject (과목명)	Instructor (교수명)	Credits(학점)	Result
				Input()
				Input()
				Input()
				Input()
				Input()
				Input()

Add / Drop Classes

DATE	VA/CT/MD	Subject (과목명)	Instructor (교수명)	Drop / Add	Applicant Sign	Result
				Drop / Add		Input()
				Drop / Add		Input()
				Drop / Add		Input()
				Drop / Add		Input()
				Drop / Add		Input()
				Drop / Add		Input()

Total Credit : _____ Credit _____

/ /20

Applicant Signature (신청인 싸인)

Date