



Course Registration Form

2500 E. Nutwood Ave.
 Fullerton, CA 92831 USA
 (714) 879-3901
 FAX (714) 681-7230
 Email: registraroffice@hiu.edu

Fall Terms: Summer Session Fall Session **Spring Terms:** January Session Spring Session May Session

Name: _____ Hope ID# _____ Advisor Approval: _____ Date: _____

Course #	Section	Course Title	Professor	Units	Session

Alternates if a course above is full.

Students Signature _____ Date _____

(Traditional Undergraduate Only) More than 17 units requires the following approvals/Student Accounts also required if less than 12 units Total Units: _____

Student Accounts Signature _____ Date _____

Dean of the College Signature _____ Date _____