



Revised 5/23/16

Leech Lake Tribal College Registration Form

Student Name: _____ Student ID: _____ Date: ____/____/____

Mailing Address: _____ City: _____ Zip: _____

Phone Number: _____ Semester/Year: FA ____ SP ____ SU ____

Dept ID	Course Title	Cr	Rm #	Instructor	Days	Time

Total Credits: _____

Student Signature: _____ Faculty Signature: _____

Advisor Signature: _____ Comments: _____



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