



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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