



Revised 4/5/2022

Leech Lake Tribal College Registration Form

Student Name: _____ Student ID: _____ Date: _____

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

Course ID	Course Title	Instructor	Days	Time

Student Signature: _____ Faculty Signature: _____

Advisor Signature: _____ Comments: _____