LA SIERRA UNIVERSITY

Course Request Form

Website: http://www.lasierra.edu/registrar

Name: _____ **ID Number:_____ Term:_____**

Major:_____ **Advisor:_____**

Registration is complete after submitting Confirmation of Registration Online by 4:30 p.m. the Thursday before classes begin. Fill out the form below. * Choose alternate courses in case your first choice is closed.

Once you have submitted your courses and the Confirmation of Registration online, you are registered for the ones that appear on the schedule. Any changes requiring add/drop may also be done Online.

CRN #	COURSE PREFIX	COURSE #	SECT. #	COURSE TITLE	UNITS	DAYS	TIME	*ALT. CRN #
				Total Units				

_____ **_____**

Advisor's Signature **Date** **Student's Signature** **Date**

Advisor's Comment: