MISSISSIPPI STATE UNIVERSITY™
DEPARTMENT OF INSTRUCTIONAL SYSTEMS AND WORKFORCE DEVELOPMENT

Request to Enroll in Undergraduate Courses

NAME:____ _____ NET ID: _____
(Last) (First) (Middle)

MSU ID #: ___ ___ ___-___ ___ ___-___ ___ ___ EMAIL_____

HOME PHONE NUMBER:_____ WORK/CELL PHONE NUMBER: _____

MAJOR:

_____Business Technology Education _____Industrial Technology _____Information Technology Services

Fall		
Symbol/ Number	Course Title	Credit Hours

Spring		
Symbol/ Number	Course Title	Credit Hours

Maymester		
Symbol/ Number	Course Title	Credit Hours
	Full Term	
Symbol/ Number	Course Title	Credit Hours

Summer I		
Symbol/ Number	Course Title	Credit Hours
	Summer II	
Symbol/ Number	Course Title	Credit Hours

APPROVED BY:

_____
Major Advisor Signature Date

_____
Student Signature Date