



# Automatic Course Registration Request Form

## Section 1: Completed by Student

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

ABC email: \_\_\_\_\_@arkansasbaptist.edu

Alternate email:

I am a  Freshman  Sophomore  Junior  Senior

I am completing a(an)  Associate Degree  Bachelor Degree

During  Fall  Spring  Summer

Academic Year: \_\_\_\_\_

I am giving permission for me to be automatically enrolled in courses for the Semester and Academic Year indicated above

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Section 2: Completed only if request for automatic registration is denied

Reason for denial of student request for automatic registration

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Section 3: Completed by the Advisor or Department Chairperson.

Advisor/Chair's Name (print) \_\_\_\_\_

Date \_\_\_\_\_

Registration Completed  Yes  No