

First Meeting Roster & Phone Tree

(Completing this form does not constitute official registration)

Return this form to Continuing Education within 5 days after class begins.

Date: _____ Course: _____ Section #: _____

Semester: _____ Instructor: _____ Location: _____

	Name	E-Number	Address	Home Phone Number	Fr, So, Jr, Sr, Grad	Cell Phone Number	Email Address
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