CUMBERLAND UNIVERSITY REGISTRATION/RECORDS UPDATE FORM

Spring 2024

This form must be completed and signed before official enrollment.

Name Last	First		Middle			Preferred					
	Student ID#										
Local Address_	St./Rt.	City		State	e Zip	Zip			County		
E-Mail Address	ddress		Mobile Phone		e						
Advisor											
Will you need V	. A. eligibility forms filed	this semester?	Yes No	Date	of Birth						
	Course Name & Number		Section #	Credit Hour	Time of Classes	М	T V	/ R	F	S	
agree to abide by ny transcript until	all rules and regulations I am in compliance with a	of Cumberland Un Ill rules and regula	iversity. I ur tions of Cun	nderstand nberland	that no official cre Jniversity.	dit wi	II be	post	ed 1	to	
Student Signati	ure			_ Date	·				_		
Advisor Signatı	ure			_ Date					_		