CHRISTOPHER NEWPORT UNIVERSITY
OFFICE OF THE REGISTRAR

REGISTRATION PLANNING FORM

Fall Spring Summer Year:_____

Name: _____
(last) (first) (middle)

CNU ID: _____
Address: _____
City/State/Zip: _____
Local Telephone (daytime): _____
Cell Telephone: _____

Class Standing: ☐ **Graduate Student**
☐ **Undergraduate Student (Current Standing)**
☐***Senior*** ☐***Junior***
☐***Sophomore*** ☐***Freshman***

Current Major: _____

ALTERNATE PIN

Provided by the academic advisor during the advising appointment prior to registration. Students should keep a record of their alternate PIN for use throughout the drop/add period. Please note that an alternate PIN is not required for registration for Summer Terms.

Your ALTERNATE PIN for _____ registration is as follows:

Note: Undergraduate students are expected to enroll for full-time status (at least 12 credit hours) for the fall/spring semester

SCHEDULE 1

Requirement (AoI, LLF, Major, Minor)	Course Reference # (CRN)	Subj of Course	Course #	Days	Time
Sample: LLFW	***0701***	***ENGL***	***123***	***MWF***	***10:00 - 10:50***
1					
2					
3					
4					
5					
6					
7					

ALTERNATE COURSE

Requirement	CRN	SUBJ	Course #	Alternate Course for:
Sample: LLFW	**0705**	**ENGL**	**123**	**0701 – ENGL 123**

SCHEDULE 2

Requirement (AoI, LLF, Major, Minor)	Course Reference # (CRN)	Subj of Course	Course #	Days	Time
Sample: AINW	***0635***	***PSYC***	***201***	***TR***	***09:30 – 10:45***
1					
2					
3					
4					
5					
6					
7					

ALTERNATE COURSE

Requirement	CRN	SUBJ	Course #	Alternate Course for:
Sample: AIDE	**0956**	**AMST**	**100**	**0635 – PSYC**

Student Signature/Date:_____ Advisor Signature/Date:_____