

Term _____

Year _____

PIKEVILLE COLLEGE

PIKEVILLE, KENTUCKY 41501-1194



NAME _____ PC ID NUMBER _____

PERMANENT ADDRESS _____
BOX OR STREET ADDRESS _____ DATE OF BIRTH _____

CITY _____ STATE _____ ZIP CODE _____ EMAIL ADDRESS _____

PHONE NUMBER AT PERMANENT ADDRESS (_____) _____ MAJOR(S) _____

CELL PHONE OR OTHER NUMBER (_____) _____ ADVISOR _____

STUDENT CLASS SCHEDULE

DEPT.	NO.	SECTION	COURSE TITLE	HOURS	DAYS	MEETING TIMES	INSTRUCTOR
TOTAL HOURS							

ADVISOR'S SIGNATURE

STUDENT'S SIGNATURE

OFFICE OF THE REGISTRAR

DATE PROCESSED