

NORFOLK STATE UNIVERSITY

Course Registration Worksheet (CRW)

Date _____ Academic Program _____ Term _____

Student I.D. or SSN

Last Name

First Name

ALL COURSES CALL NUMBERS ARE IN YOUR SCHEDULE BOOKLET

COURSE			CREDIT HOURS (enter AU for Audit)	MEETING TIMES						LOCATION	
SUB.	NO.	SEC.		MON	TUE	WED	THUR	FRI	SAT	ROOM	BLDG

Student Signature

Advisor Signature