

RHODES

Off-Campus Registration Form

Name (please print) _____ Rhodes ID: R _____

Registration for: Semester and Year: _____ Maximum number of hours: _____

Enter CRN:

A1 _____

B1 _____

C1 _____

A2 _____

B2 _____

C2 _____

A3 _____

B3 _____

C3 _____

A4 _____

B4 _____

C4 _____

A5 _____

B5 _____

C5 _____

A6 _____

B6 _____

C6 _____

A7 _____

B7 _____

C7 _____

A8 _____

B8 _____

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A9 _____

B9 _____

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A10 _____

B10 _____

C10 _____

A11 _____

B11 _____

C11 _____

A12 _____

B12 _____

C12 _____

A13 _____

B13 _____

C13 _____

A14 _____

B14 _____

C14 _____

A15 _____

B15 _____

C15 _____

Other Courses

O1 _____

O2 _____

O3 _____

O4 _____

O5 _____

O6 _____

O7 _____

O8 _____

Laboratories

L1 _____

L2 _____

L3 _____

L4 _____

L5 _____

L6 _____

L7 _____

L8 _____

Fax or mail this form to:

Registrar's Office

Rhodes College

2000 North Parkway

Memphis, TN 38112

fax: 901-843-3576