

ENROLLMENT FORM



Office of the Registrar
800 University Drive
AD Bldg 207
Maryville, MO 64468

Office: 660-562-1151
Fax: 660-562-1993
registrar@nwmissouri.edu

Student Name: _____ 919#: _____

ADD COURSES		
CRN	Course # - Section #	Course Title

SCHEDULE PLANNER					
	Monday	Tuesday	Wednesday	Thursday	Friday
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					
6:30					