



Office of the Registrar
(901) 239-2442
(901) 207-7570 fax#
info@aihcschools.org

IN-PERSON REGISTRATION FORM

NAME _____ STUDENT ID: _____
PLEASE PRINT (Last) (First) (MI)

TERM OF ENROLLMENT: Year 20 _____ 1st 2nd 3rd

CURRENT MAILING ADDRESS: _____ Day Phone: _____
_____ Evening Phone: _____
_____ Email address: _____
(City) (State) (Zip)

PRIOR EDUCATION INFORMATION

Did you graduate from high school?

Yes Graduation date? (MM/DD/Year) _____ Name of high school: _____

Visa Type: _____ Permanent Resident? Yes No

No If NO, did you complete the GED? Yes No

Date GED completed? (MM/DD/Year) _____ Location of GED (state) _____

COURSE INFORMATION (Complete all information requested below. Refer to the class course schedule for course information)

Dept.	Course Number	Section	Course Title	#of Credits	"Yes" if Audit	Instructor Signature (required after last day of late registration)

I understand I am responsible for all applicable AIHC-SBS academic regulations, tuition, and fees whether I successfully complete the course or courses in which I am enrolling.

I promise to pay my fees and other reasonable collection costs necessary for the collection of any amounts owed to AIHC-SBS. If I do not pay, the school will uphold the certificate of completion.

Student's Signature _____ Date: _____

Advisor's Signature _____ Date: _____