

SIUC/IDOT STUDENT REGISTRATION FORM

No Show
Turn Away
Late

Please Print

COURSE CODE: _____

LAST NAME: _____

FIRST NAME: _____ MI: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP+4: _____

HOME PHONE: _____

WORK PHONE: _____

E-MAIL: _____

DATE of BIRTH: _____ SEX: _____
M M - D D - Y Y M/F

DRIVERS LICENSE # _____ DL STATE: _____

DRIVERS LICENSE CLASSIFICATION: (circle all that apply) A B C D L M CDL
For non-Illinois license: O

ARE YOU A WALK-IN? YES NO

IF YOU WERE REGISTERED FOR A FUTURE CLASS, PLEASE INDICATE:

WHERE: _____ WHEN: _____

I certify that the information provided on this application is true and accurate, to the best of my knowledge

SIGNATURE _____ DATE: _____

To Be Completed By Instructor

COURSE TYPE: BRC BRC2 ARC TRC

CC SIZE: _____ RIDING SCORE: _____ WRITTEN SCORE: _____ STATUS (PFD): _____

INSTRUCTOR #: _____ INSTRUCTOR INITIALS: _____

Instructor # and initials to be entered once per instructor per course

Notes: