



UNIVERSITY OF PASADENA

COURSE REGISTRATION FORM

Student Name		Student ID (Existing student only)	
Program			
Term Spring /Summer / Fall		Year (YYYY)	

UPAS Course Code	UPAS Course Title	Core / Elective	No of Credit	*Office Use Only
				Remarks
Total Number of Credits				

Student Signature: _____

Date: _____

*Office Use Only			
Total no of credits required		Name	
Total no of credits transferred		Title	
Total no of credits completed		Signature	
Total no of credits enrolled		Date	
Remarks			
Accounts			
Amount due		Name	
Due date		Title	
Amount paid		Signature	
Paid date		Date	
Remarks			