					LL STATI			DATE:			
NAME:	UDENT ID NUMBER	Registrar's 0				Office Lucina Hall-B43 ncie, IN 47306 M.I.			LEVEL UGRAD GRAD	TERM FALL SS1 SPR SS2 SUM	
	,				URSES		D				
REFERENCE NUMBER	DEPT. NAME	COURSE NUMBER	SECTION NUMBER	CREDIT HOURS	CREDIT NO CREDIT	CR. TYPE U-UNDER G-GRAD	REPEAT	DAYS	CLASS TIME	BLDG	ROOM NUMBER
				COL	IRSES [ED.				
					INOLO						
TOTAL CRE	DITS	To	tal credits	process	ed after cl	ose of the	drop/add	d period d	o not reflect with	drawn cred	dits.