

ENROLLMENT SURVEY FORM

First Name _____ -----	Father's Name _____ -----	Last Name _____ -----	Student ID <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 201__/201__ 143__/143__			Program: <input type="checkbox"/> CE <input type="checkbox"/> CS <input type="checkbox"/> IT <input type="checkbox"/> IS Major: _____										
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female													
Course ID	Course Name		Credit Hours										
	Student Signature : _____		Date : __/__/__										