

MU - CCIS Training Unit
Summer Training
Registration Form

Student Name : _____ ID: _____ AGPA: _____		
Earned Credits: _____ Phone: _____ Email: _____		
Major : _____ Track: _____ Semeseter: _____		
Address: _____		
Preference list of Companies:		
Preferences of Training Areas:		
Student Signature: _____ Date: _____		
Yes	No	This Section is Filled by Department Coordinator
		The Student is currently enrolled in the university
		The Student has completed at least 120 credits (including current semester)
		The Student has completed the department requirements to regisiter for training
		The current semester is not the last semester for the student
Comments:		
Coordinator Signature: _____		Date: _____
Advisor Signature: _____		Date: _____