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Office of the Registrar

STUDY CARD - Student Registration Form

Semester (circle one) *Fall Spring Summer* Year: _____

Group: _____

Student Name: _____

Student ID#: _____

Advisor Name: _____

Phone (cell): _____

Bishkek Address: _____

Personal Email: _____

Major (circle one)

AS	ANTH	BA	ECO	ES	JMC	IBL	ICP	PSY	SOC	SFW
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#	Course Title	Code	Course ID	Section	Credits	Time		Instructor Name	Instructor's Signature
						Lecture	Lab		

Accountant Signature _____

Student's Signature _____

Library Signature _____

Date: _____

Advisor Signature _____