

**Vincennes University ASL Program  
COURSE REGISTRATION FORM**

Name: \_\_\_\_\_ Number: A \_\_\_\_\_ Fall Spring Summer Year: \_\_\_\_\_

**Note:** The first line in blue bold is an example how you fill out in this form.

<b>CRN</b>	<b>Course Letter</b>	<b>Course Number</b>	<b>Title</b>	<b>Days</b>	<b>Times</b>
<b>10243</b>	<b>ASLG</b>	<b>111</b>	<b>Deaf Culture and Community</b>	<b>Thursday</b>	<b>4:00-6:50pm</b>

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